

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adamsloven</i>		Town <i>Adamsloven</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>8</i>	Day <i>1</i>	Age	Years	Months <i>3</i>	Days	
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>Adamsloven</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Ed Anderson</i>			Father's Birthplace <i>Sweden</i>				
Mother's Maiden Name			Mother's Birthplace <i>Sweden</i>				
Name of person giving information			<i>101</i>		How related to deceased		

CAUSES OF DEATH

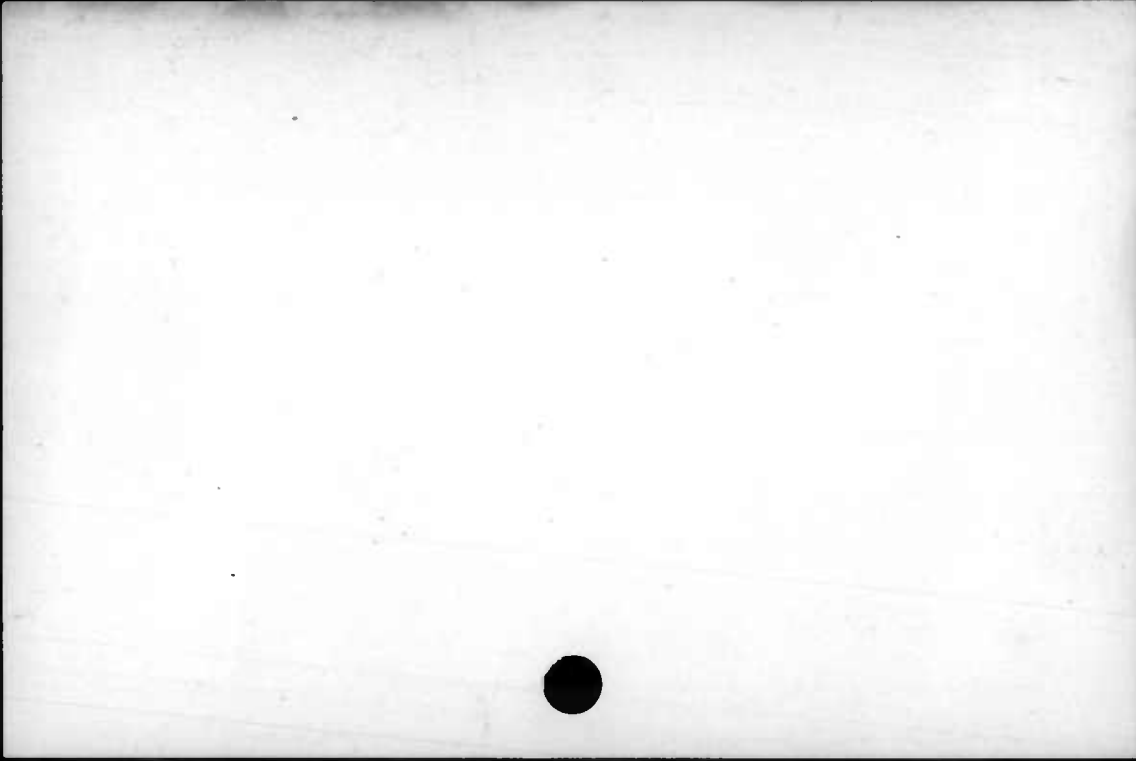
PHYSICIAN
OR CORONER

Primary	<i>Cholera infantum</i>	How long	<i>24 hours</i>
Immediate	<i>Cholera infantum</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Ed Anderson</i>	
		Address <i>Adamsloven</i>	
Accident or Suicide?		<i>yes</i>	

Adrian

No. 6. Party

Name in Full		Baby Baker		26,		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Monrovia		County Frederick		MARYLAND	
	Date of death	1905	Month Aug.	Day 28	Age	Years	Months 11
	Sex	Female		Color or Race white		Birth-place Maryland	
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name	Maurice Baker				Father's Birthplace Maryland	
	Mother's Maiden Name	Maud Hyatt				Mother's Birthplace "	
Name of person giving information	Maurice Baker				How related to deceased Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Convulsions				How long	2 days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Accident or Suicide?				Address		
yes				H. H. Hopkins Jr.			
no				New Market, Md.			



Name
in
Full

Mrs Edwin Barrieth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Walkersville</u> ^{Town}		<u>Indiana</u> ^{County}		MARYLAND	
Date <u>29</u> of death 190 <u>0</u>	Month <u>August</u>	Day	Years <u>29</u>	Months	Days
Sex <u>female</u>	Color or Race <u>White</u>		Birth-place <u>Co</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>House wife</u>		
Name of Wife or Husband					
Father's Name			Father's Birthplace <u>Co</u>		
Mother's Maiden Name <u>Nathaniel Wachter</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Physician</u>			How related to deceased		

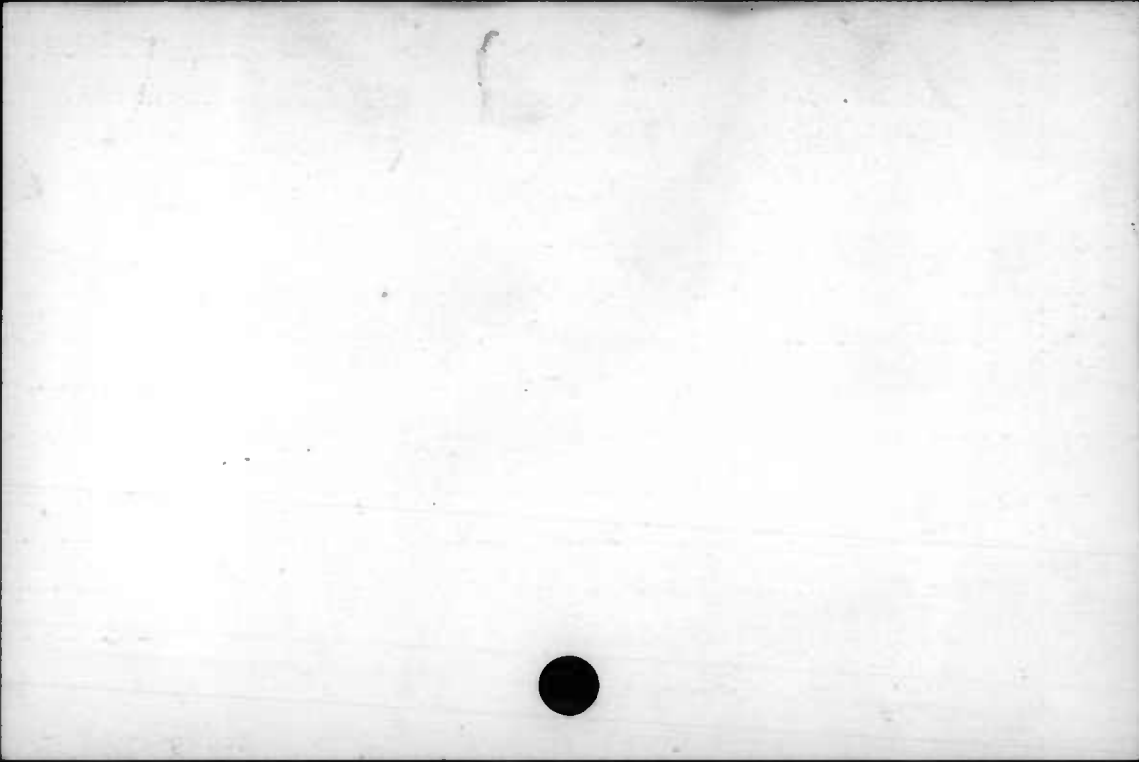
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>heart disease</u>	<input checked="" type="checkbox"/> <u>Jefferson</u> How long <u>10 days</u> How long
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas W. Erdberg</u>
	Address <u>Walkersville Ind</u>
Accident or Suicide?	



Name in Full		Charles Edwin Beall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Liberty Town		Frederick		MARYLAND	
	Date of death	1905	Aug	4	Age	Months	Days
	Sex	male		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Hornwall Jackson Beall				Father's Birthplace	Frederick Co
	Mother's Maiden Name	Katie M. Brown				Mother's Birthplace	Frederick Co
Name of person giving information	Mrs Katie Beall				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Premature birth				How long	10
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Otis B. Stone		
	Address	Liberty town, Md					
Accident or Suicide?							



Name
in
Full

Arthur Bentley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i>		Town		County <i>Frederick</i>		State <i>MARYLAND</i>	
Date of death 190 <i>5</i>		Month <i>Aug</i>		Day <i>28</i>		Age Years <i>10</i> Months <i>23</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i></i>					
Name of Wife or Husband <i></i>							
Father's Name <i>Arthur Bentley</i>				Father's Birthplace <i>Frederick</i>			
Mother's Maiden Name <i>Mary E. Rogers</i>				Mother's Birthplace <i>Frederick</i>			
Name of person giving information <i>H. C. Bennett</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Macanias</i>	How long <i>Some months</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. S. Lyson</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i></i>	



Name
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Full

Lawrence A. K. Bentz

CERTIFICATE OF DEATH

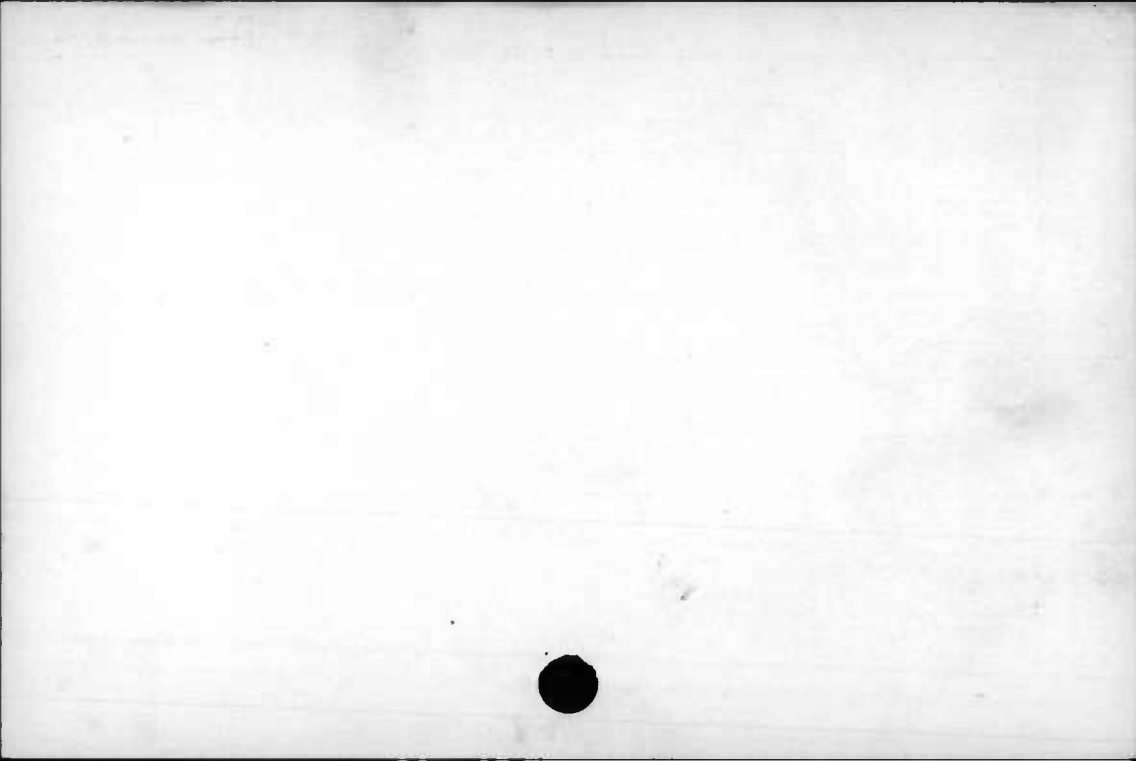
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>8</i>	Day <i>28</i>	Age <i>52</i>	Months <i>3</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>City</i>		
Occupation <i>Wearers Maker</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alice Elkins</i>				
Father's Name <i>Lawrence Bentz</i>	Father's Birthplace <i>Mo.</i>				
Mother's Maiden Name <i>Ann Schell</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Franklin Bentz</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rupture of Heart Compensation</i>	How long <i>About 2 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>" 3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. G. McNamee</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

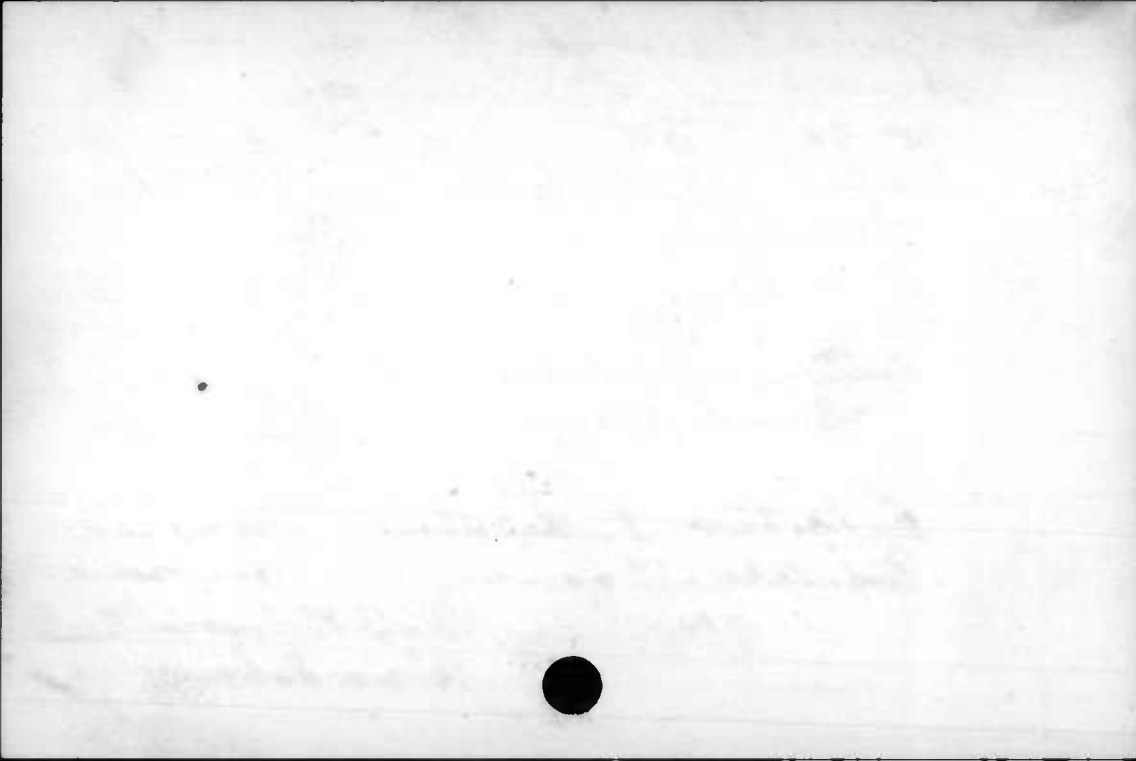
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodsboro.</i>		Town <i>Frederick</i>		County		MARYLAND						
Date of death	1905	Month	Aug.	Day	23	Age	Years	Months	4	Days	22	
Sex	Female		Color of Race	White			Birth-place	Woodsboro				
Occupation						Where Residing if not at place of death						
Married, Single or Widowed					Name of Wife or Husband							
Father's Name					Harry Bohm			Father's Birthplace				Johnsville
Mother's Maiden Name					Emma Bart-			Mother's Birthplace				Carroll Co
Name of person giving information					Mrs. Bohm			How related to deceased				Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Indigestion</i>		How long	2 or 3 mo.	
Immediate	<i>Infantile Spasm</i>		How long	one hour.	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		<i>W. H. Spiller</i>
			Address		<i>Woodsboro.</i>
Accident or Suicide?					<i>and</i>



Name
in
Full

Laborn Bowers-

CERTIFICATE OF DEATH

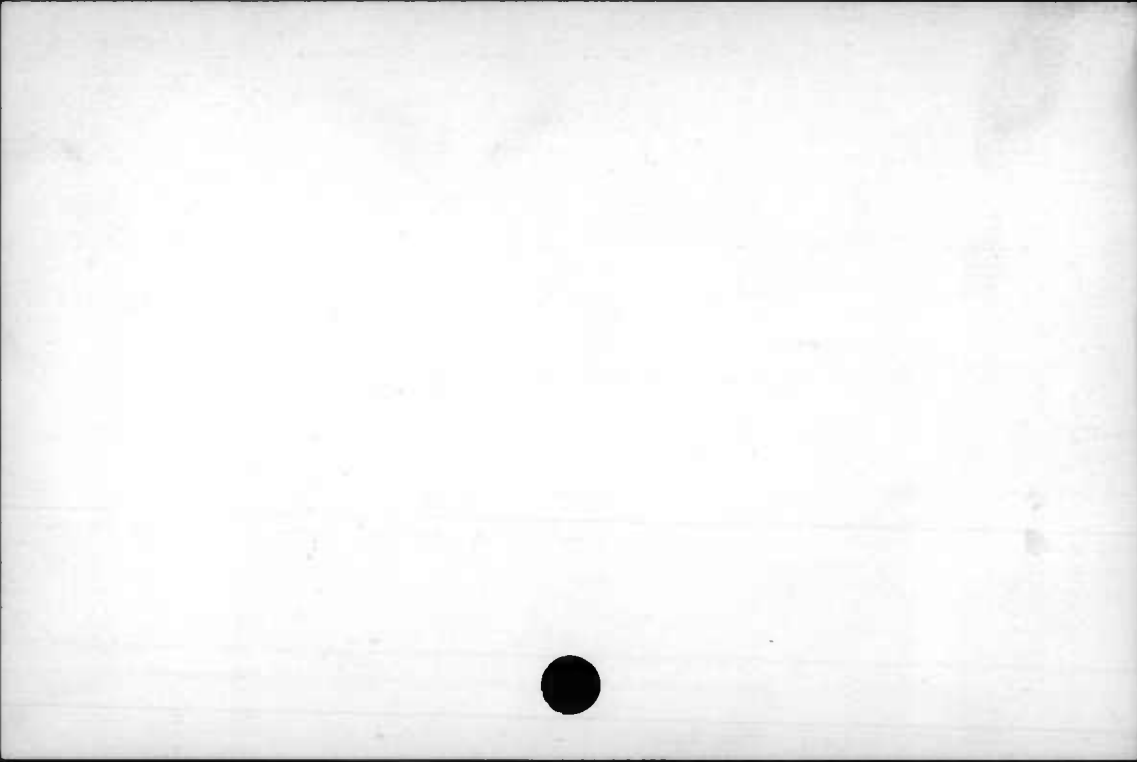
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Emmitsburg		County ^{County} Frederick		MARYLAND	
Date of death	1905	Month	8	Day	11 th
Age	72	Years	8-	Months	6
Sex	Male	Color or Race	White	Birth-place	Ill.
Occupation	Laborer.		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Murphy.		
Father's Name	Michael Bowers			Father's Birthplace	Pa
Mother's Maiden Name	Reahel Adelsberger			Mother's Birthplace	Ill.
Name of person giving information	Sarah Bowers			How related to deceased	Wife.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Loos motor stroke	How long	12 1/2 years
Immediate	Paralysis Brain	How long	3 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John B. Brown, M.D.
		Address	Emmitsburg
			Ill.
Accident or Suicide?			



Name
in
Full

Delia Etta Brown

CERTIFICATE OF DEATH

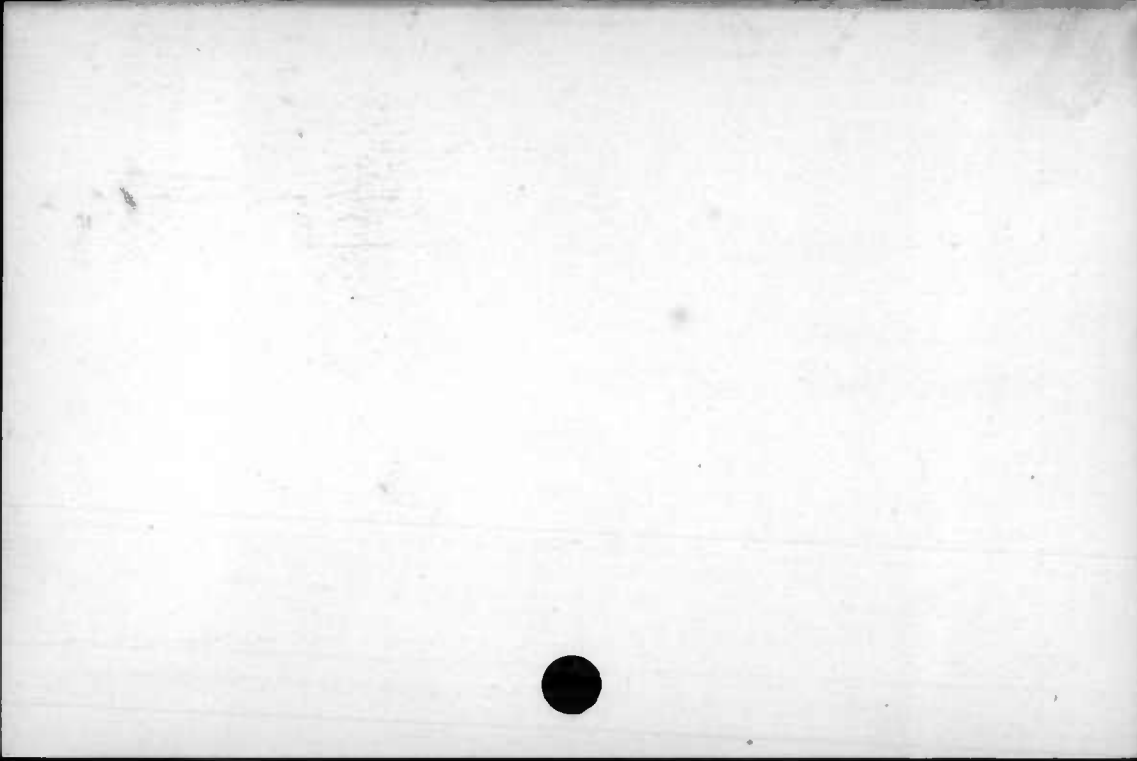
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Topville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>12th</i>	Years <i>15</i>	Months <i>11</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co, Md</i>		
Occupation <i>Servant</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Calvin Brown</i>			Father's Birthplace <i>Frederick Co, Md</i>		
Mother's Maiden Name <i>Livine Wolf</i>			Mother's Birthplace <i>Frederick Co, Md</i>		
Name of person giving information <i>Calvin Brown</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>10 days</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>E. C. Kefauver</i>
	Address <i>Sherrmount, Md</i>
Accident or Suicide? <i>_____</i>	



Name in Full		Georgie Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Frederick	County Frederick	MARYLAND		
		Date of death		1905	Month Aug	Day 8 th	Age Years	Months 3
		Sex		Female		Color or Race	Colored	
		Occupation				Birth-place	Frederick	
						Where Residing if not at place of death		
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		William Brown		Father's Birthplace Frederick		
		Mother's Maiden Name		Julia Hill		Mother's Birthplace "		
		Name of person giving information		William Brown		How related to deceased Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Enterocolitis		How long	About 10 days	
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician W. J. Brown		
						Address Frederick Md.		
		Accident or Suicide?						

Interment

Green Mount Cemetery

Aug 9 1905

CC Carby, F.D.

Name
in
Full

Amelia Bussing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fredericks</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death 1905	Month <u>Aug</u>	Day <u>30th</u>	Age <u>68</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Washington, D.C.</u>			
Married, Single or Widowed	<u>Widowed</u>	Occupation <u>Housewife</u>			
Name of Wife or Husband <u>Wm F. Bussing</u>					
Father's Name <u>John Hobbs</u>		Father's Birthplace <u>St Mary Co.</u>			
Mother's Maiden Name <u>Louise Sands</u>		Mother's Birthplace <u>Dorchester Co</u>			
Name of person giving information <u>John Hobbs -</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

Primary <u>Angina Pectoris</u>	How long <u>90</u>
Immediate <u>Cardiac Paralysis</u>	How long <u>90</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>R. S. Lyson.</u>
	Address <u>Fredericks Md.</u>
Accident or Suicide?	

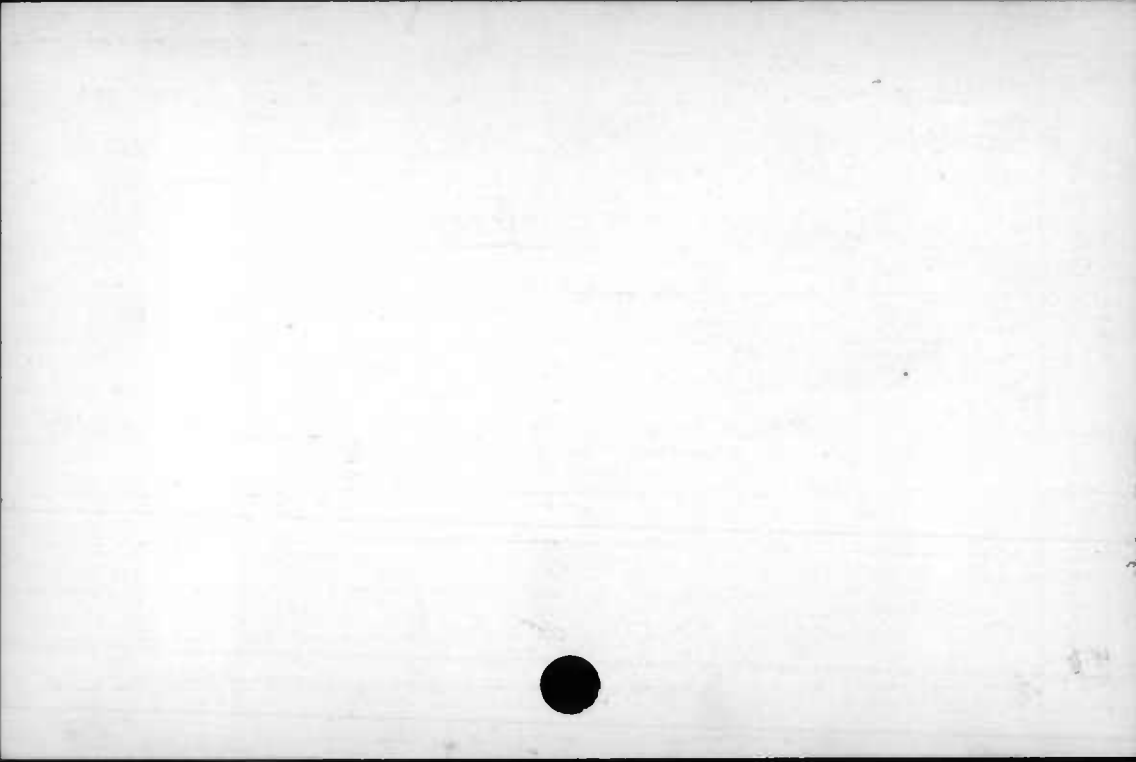
PHYSICIAN
OR CORONER

Inventory

- 1 Ball 5X 20y
- 2 Bag 3X
- 3 Line 8 20y
- 4 Vaseline 8 20y
- 5 Tray 20y 20y
- 6 Cotton 25 lbs
- 7 Sugar 25 yds
- 8 25 different things 2 yds in 1 yd
- 9 unbrushed hand dyed 25 yds - see note
- 10 Silk + Cat gear
- 11 Rubber sheets - Kelly pack

12

Name in Full		Samuel Butler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		MARYLAND
	Date of death	1905	Month Aug	Day 11	Age 29	Years 0	Months 4
	Sex	Male		Color or Race	Colored		Birth- place Md
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	John F Butler				Father's Birthplace	Md
	Mother's Maiden Name	Louisa Coats				Mother's Birthplace	Md
Name of person giving In formation	Priscilla Butler				How related to deceased	Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Hepatic Cirrhosis				How long	1 yr or more
	Immediate					How long	11/2
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	U. G. Bourne		
				Address	Frederick Md		
Accident or Suicide?							



Name in Full		Charles Edwin Cole				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Fredrick</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND		
	Date of death <i>1905</i>	Month <i>8</i>	Day <i>21</i>	Age <i>58</i>	Months <i>4</i>	Days <i>12</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick</i>			
	Occupation <i>Printer</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Allice Nichols</i> <i>—</i>				
	Father's Name <i>Charles Cole</i>			Father's Birthplace <i>York Pa</i>			
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Anna Rebecca Moore</i>			Mother's Birthplace <i>Fredrick Md</i>			
	Name of person giving information <i>Mrs Walter Miller</i>			How related to deceased <i>Daughter</i>			
	CAUSES OF DEATH						
	Primary <i>Dilatation of the Heart</i>			How long <i>about 5 yrs.</i>			
Immediate <i>Paralysis.</i>			How long <i>3 hours.</i>				
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>			Signature of Physician <i>L. F. Geyendanner</i>				
			Address <i>Fredrick Md.</i>				
Accident or Suicide? <i>—</i>							

C. C. Cady

M Oremetry

Aug 24 1905

Name
in
Full

CERTIFICATE OF DEATH

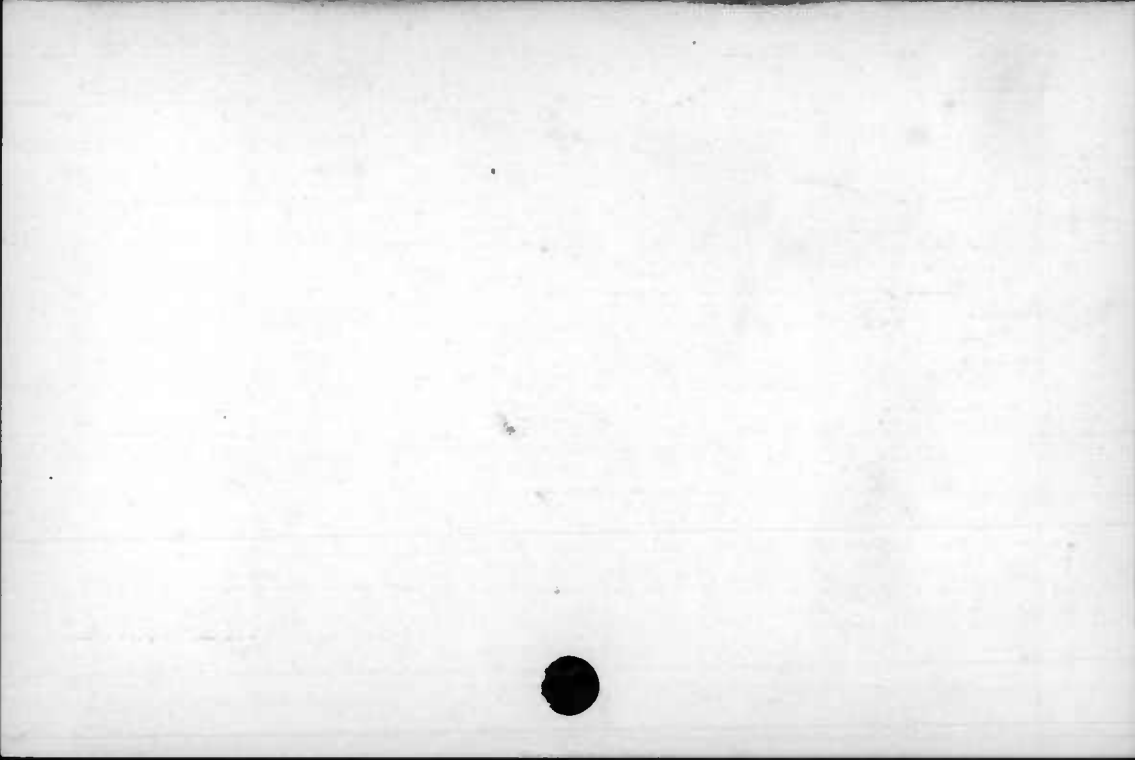
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brauerick</i> ^{Town}		<i>Brauerick</i> ^{County}		MARYLAND	
Date of death <i>1905 Aug. 13</i>	Month <i>Aug.</i>	Day <i>13</i>	Years <i>87</i>	Months <i>11</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Med.</i>		
Occupation <i>House Wife</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Conrad</i>				
Father's Name <i>John Titlow</i>			Father's Birthplace <i>Italy</i>		
Mother's Maiden Name <i>Margaret Fogler</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Mrs S. T. Stull</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Debility</i>	How long <i>Several years</i>
Immediate <i>Asthenia</i>	How long <i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. T. Stull</i>
	Address <i>Brauerick, Md.</i>
Accident or Suicide?	



Name
in
Full

Geo. Loost

CERTIFICATE OF DEATH

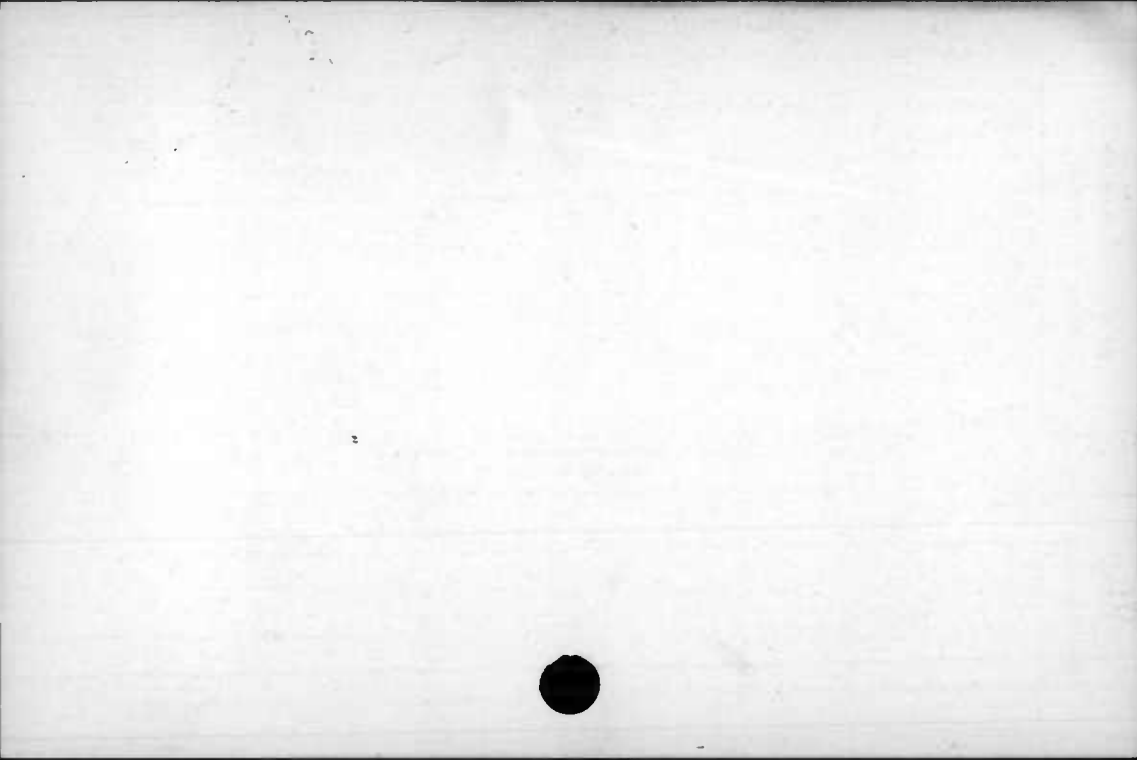
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monticure Hospital</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>22</i>	Age <i>62</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long
Immediate <i>Shock</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyson</i>
	Address <i>Frederick</i>
Accident or Suicide?	<i>Ther.</i>



Name
in
Full

Howard H. Cutsail

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Fountain Mills^{County} Frederick

MARYLAND

Date of death 1905- Aug

Day 22

Age 1

Months 1

Days —

Sex Male

Color or Race

White

Birth-place

Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed —

Name of Wife or Husband

Father's Name

George H. Cutsail

Father's Birthplace

Md

Mother's Maiden Name

Etta May Watkins

Mother's Birthplace

Md

Name of person giving information

Etta May Cutsail

How related to deceased

Mother

CAUSES OF DEATH

Primary

Marasmus

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

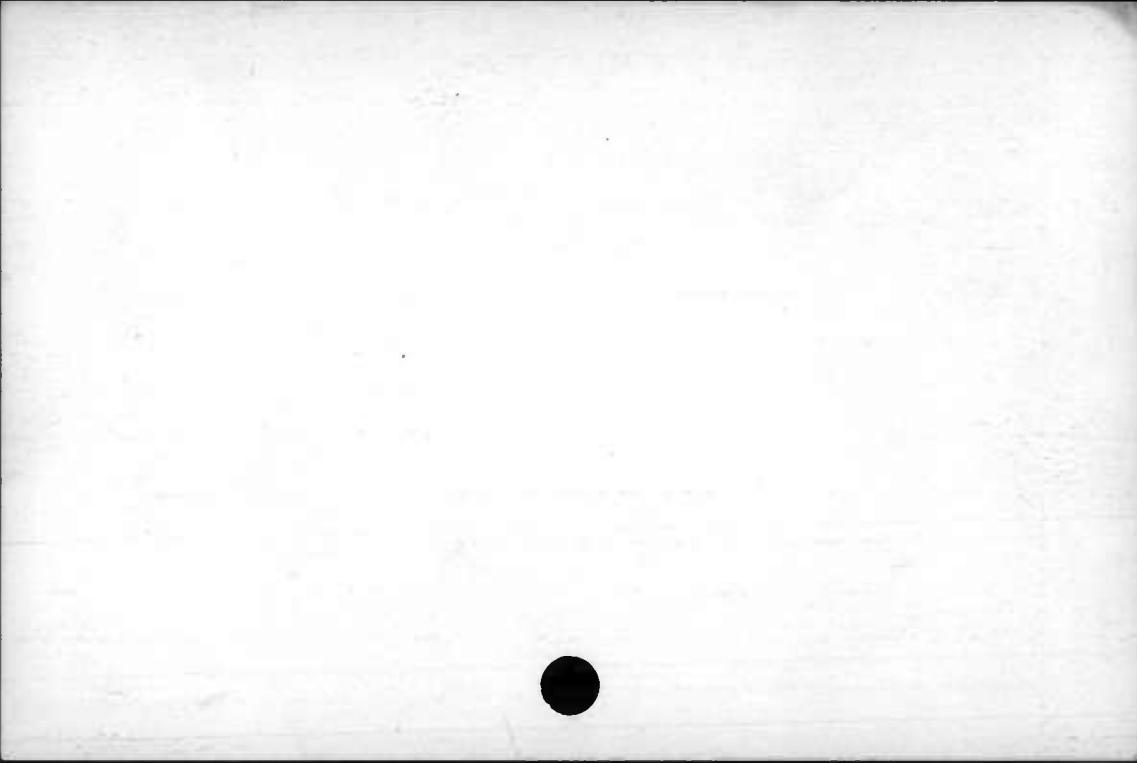
Yes

Signature of Physician

Address

R. C. Fout
Empower
Md

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant

Died *in* *Port Kells* *Frederick* *MARYLAND*

Date of death *1905* *Aug.* *15* *Age* *7* *Months* *7* *Days*

Sex *Female* Color or Race *White* Birthplace *Urbania, Md.*

Occupation _____ Where Residing if not at place of death _____

Married, Single _____ Name of Wife or Husband _____

Father's Name *Hessing, Gustaf* Father's Birthplace *Md*

Mother's Maiden Name *Lizzie Karole* Mother's Birthplace *Md*

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Infantile Tetanus* *(77)* How long _____

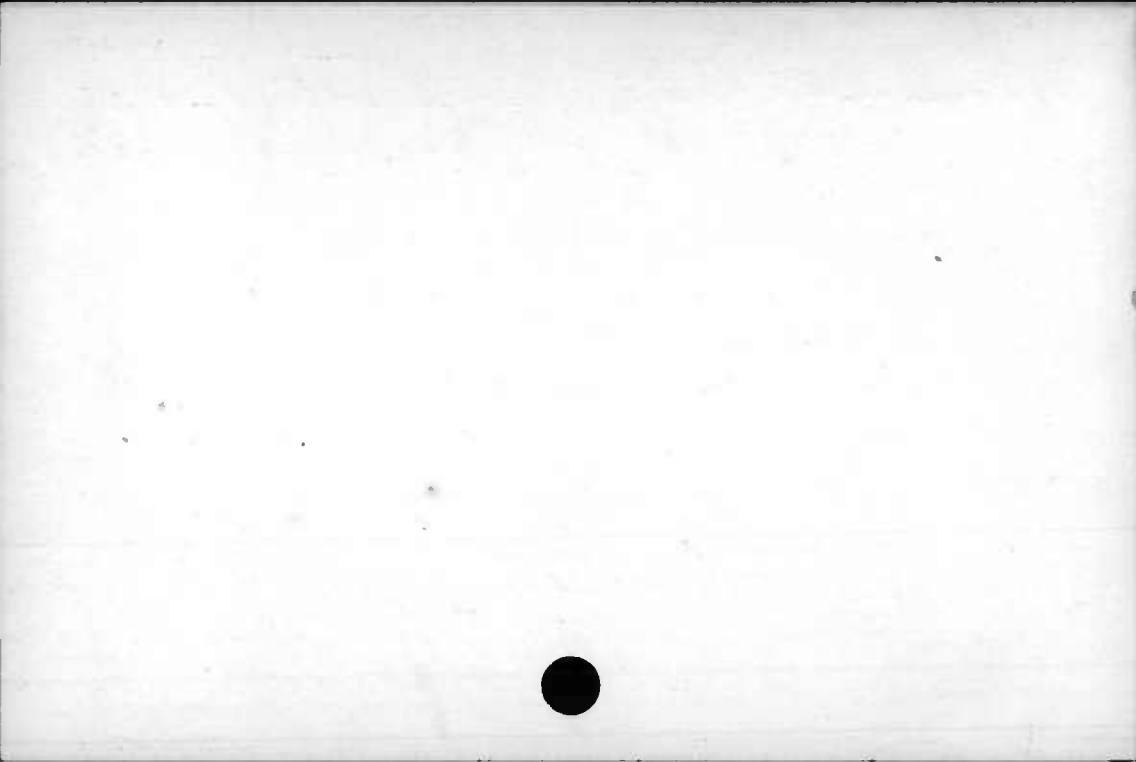
Immediate _____ How long *1 day*

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician *E. E. Chubb*

Address *Urbania Md*

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

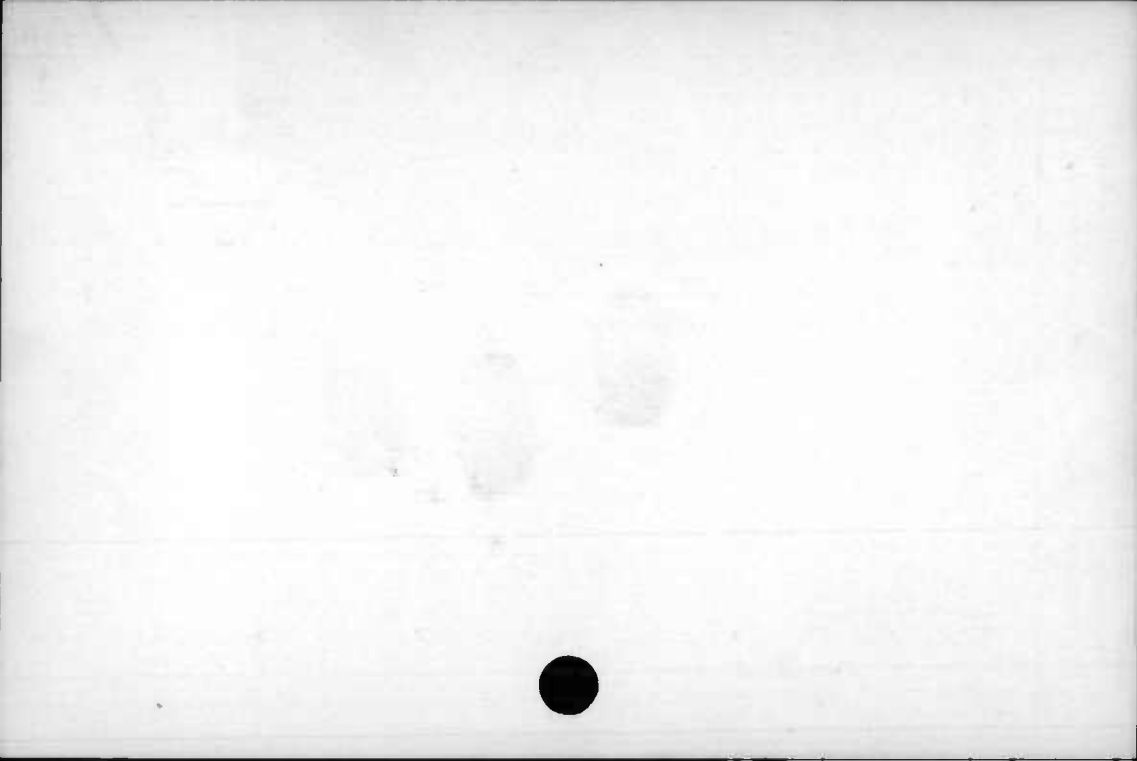
MARYLAND

Died at		Town		County			
Date of death	1905	Month	Aug	Day	15	Age	41
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John McCaffrey				Father's Birthplace	
Mother's Maiden Name		Sophia Davis				Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Anemia	How long	—
Immediate	Heart Failure	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. M. A. Biele	
		Address	
		Thumount Md	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

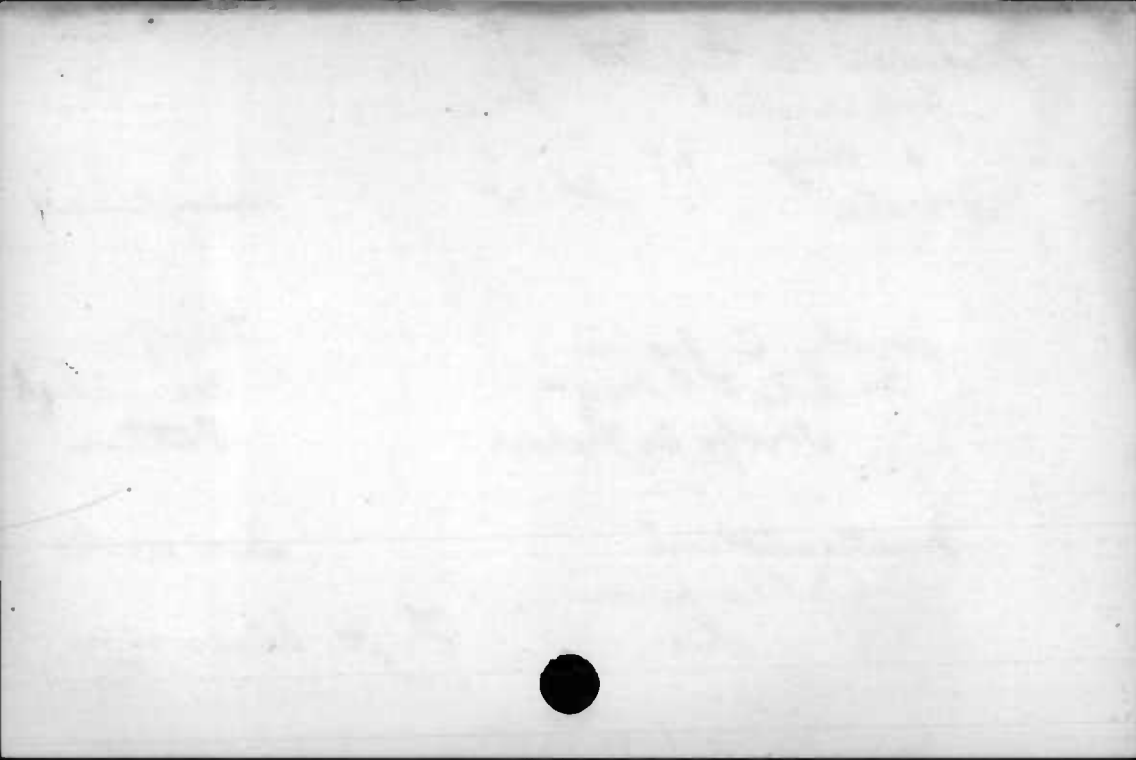
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jellotta R. Eagles</i>		Town <i>Thurmont</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death 190		Age		Months	
		<i>Aug</i>		<i>26</i>		<i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Cumberland Ind</i>		Days <i>8</i>	
Occupation		Where Residing if not at place of death					
Married Single		Name of Wife or Husband <i>Chas. Stockdale</i>					
or Widowed							
Father's Name <i>Joseph Eagles</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Willie Clark</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>C. W. Stockdale</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>two months</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. F. Shipley, M.D.</i>	
<i>Yes</i>		Address <i>Westminster Ind.</i>	
Accident or Suicide?			



Name
in
Full

Wilmer B. Eyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Johnsville</u> ^{Town}		<u>Fredenick</u> ^{County}		MARYLAND	
Date of death	190 <u>5</u> ^{Month} <u>Aug</u> ^{Day} <u>27</u>	Age	<u>1</u> ^{Years}	Months	<u>7</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <u>Herby C. Eyler</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Marnie L. Mes-</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Herby C. Eyler</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>Two weeks</u>
Immediate	<u>Collapse</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>F. H. Sidwell</u>
		Address	<u>Johnsville, Md.</u>
Accident or Suicide?			

ITACI 11/11/11



Name
in
Full

Falk Catharine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1905 Aug</i>	Day	<i>24</i>	Age	<i>40</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>Wife</i>		Where Residing if not at place of death <i>Frederick</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>John Falk</i>			
Father's Name	<i>Louise St. Hubel</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Catharine C. St. Hubel</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>John W. Falk</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Uterine carcinoma</i>	How long	<i>Long time</i>
Immediate	<i>Asphyxia</i>	How long	<i>3 mos.</i>

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

W. P. Fahrney, M.D.
Frederick Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Aug	20	Age 60			
Sex		Color or Race		Birth-place			
Female		Black					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

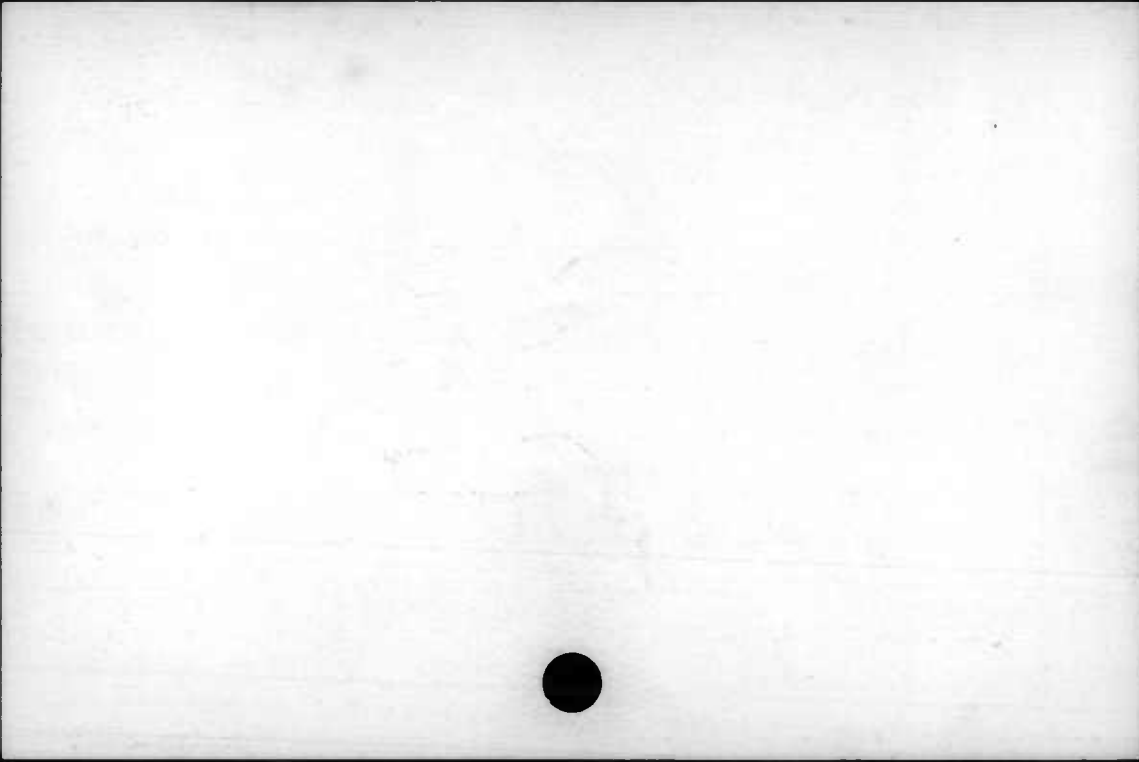
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ruth Garber</i>		Town <i>Unionville</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Unionville</i>		Month <i>Aug.</i>		Day <i>14</i>		Years <i>X</i>	
Date of death <i>1905</i>		Month <i>Aug.</i>		Day <i>14</i>		Years <i>X</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Months <i>11</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>At place of birth</i>		Days <i>5</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Garber</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Bessie Buffington</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>I was present</i>		How related to deceased <i>+</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Summer Diarrhoea</i>	How long <i>105</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. P. Sappington</i>	Address <i>Unionville</i>
		<i>Maryland</i>
Accident or Suicide?		



Name
in
Full

Mary Elizabeth Gassaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Frederick ^{County} Indue

Date of death 1900 ^{Month} Aug ^{Day} 31 ^{Years} 60 ^{Months} 5 ^{Days} 23

Sex Female ^{Color or Race} White ^{Birth-place} Baltimore Md.

Occupation Principal Boarding School ^{Where Residing if not at place of death} Poolesville Maryland

Married, Single or Widowed Married ^{Name of Wife or Husband} Wm H. Gassaway

Father's Name Joseph Fanno ^{Father's Birthplace} Baltimore

Mother's Maiden Name Maria Durboroso ^{Mother's Birthplace} I

Name of person giving information Wm H. Gassaway ^{How related to deceased} Husband

CAUSES OF DEATH

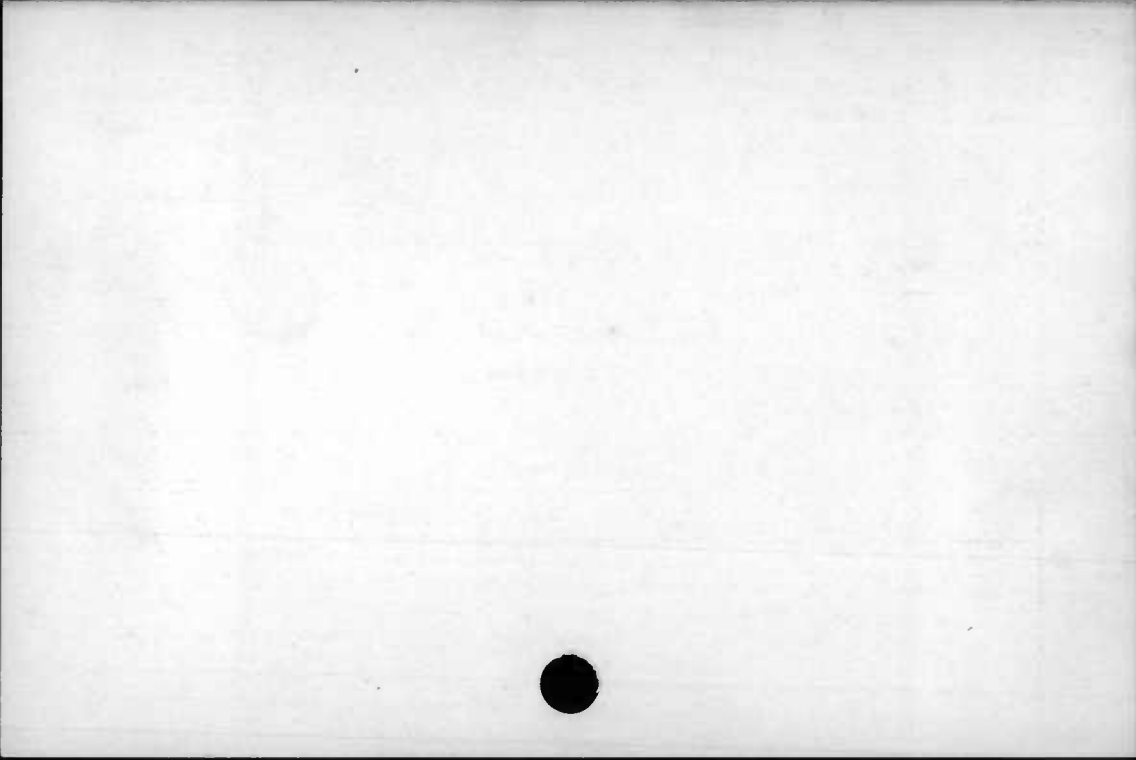
Primary Cholecystitis. ^{How long} Several years.

Immediate Pains of the Bowels. ^{How long} 5 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician J. B. Johnson
Address Indue Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Susan Gouley

Town

County

MARYLAND

Died at *Emmitsburg*

Fredrick

Date

Month

Day

Years

Months

Days

of death

1905

July

12

Age

87

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

Housewife

Where Residing if not
at place of death

~~Married~~

Widowed

Name of Wife or
Husband

Robert Gouley

Father's
Name

Ezra Eyler

Father's
Birthplace

Emmitsburg

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

John Gouley

How related
to deceased

Son

CAUSES OF DEATH

Primary

Old Age

How long

10 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

D E Stone
Emmitsburg
Ind

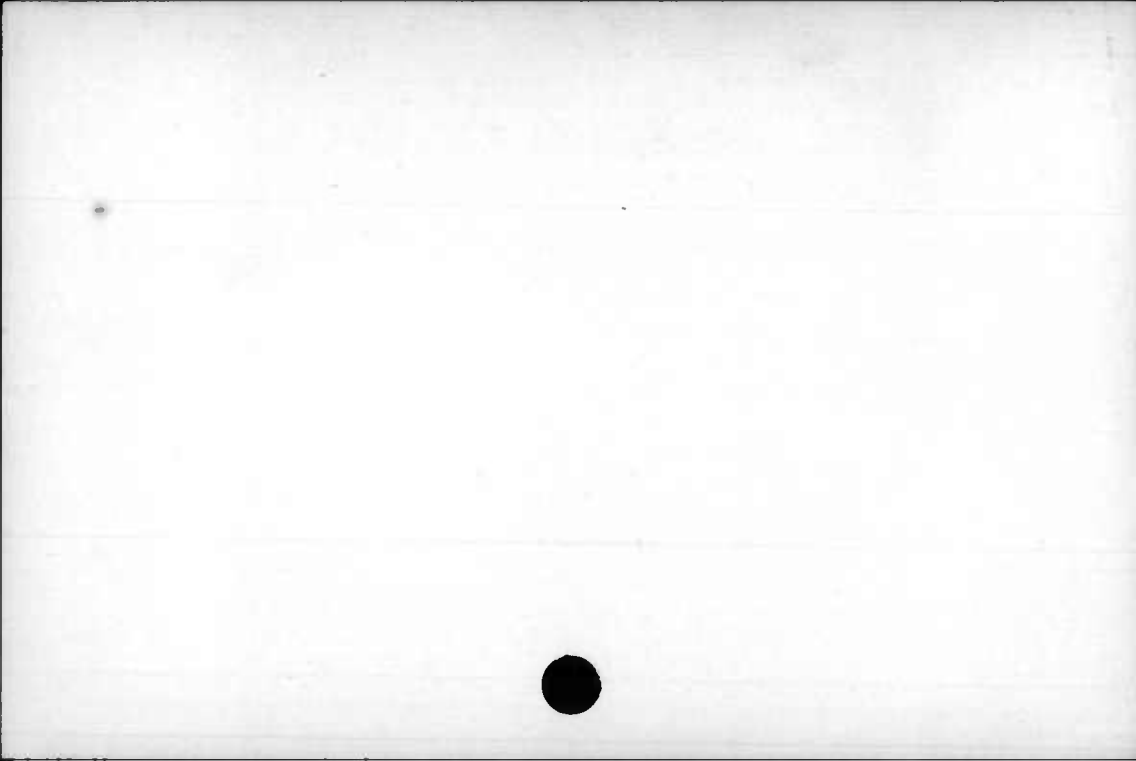
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Laura Green				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Park Mills		Tried		MARYLAND		
	Date of death	1905	Month	Aug	Day	4	Age	37
	Sex	Female		Color or Race	White		Birth-place	Md
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband				
	Father's Name		Zimmerman		Father's Birthplace		Md	
	Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		Charles Green			How related to deceased			Husband
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Complication of Rheumatism				How long	4 or 5 yrs.	
	Immediate	Uraemia				How long	2 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
				T. Clyde Kontson				
				Buckeytown				
Accident or Suicide?								



Name
in
Full

Ada C. Harp

CERTIFICATE OF DEATH

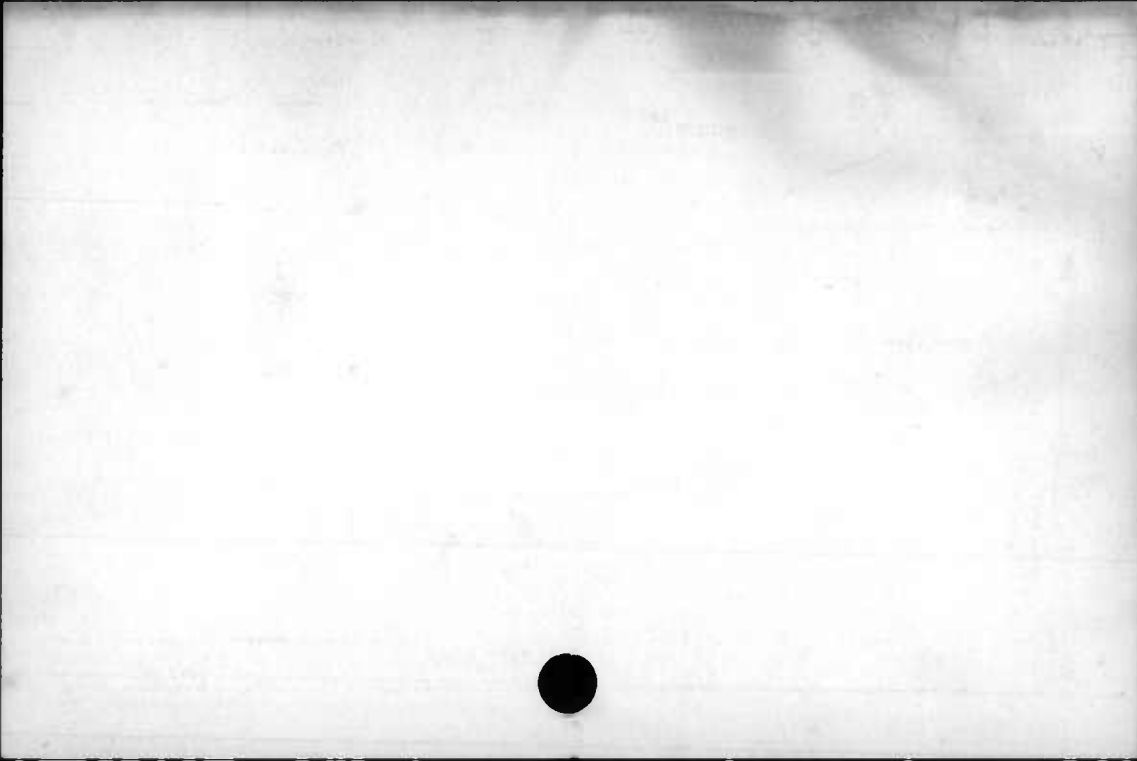
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	5	Month <i>August</i>	4	Day	Age	35	Years Months Days <i>1 26</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth- place	<i>W. Beaver Creek Md</i>
Married, Single or Widowed	<i>Married</i>			Occupation			<i>House wife</i>
Name of Wife or Husband	<i>M. D. Harp</i>						
Father's Name	<i>J. R. Adams</i>					Father's Birthplace	<i>Es</i>
Mother's Maiden Name	<i>Mary Landis</i>					Mother's Birthplace	<i>Es</i>
Name of person giving In formation						How related to deceased	

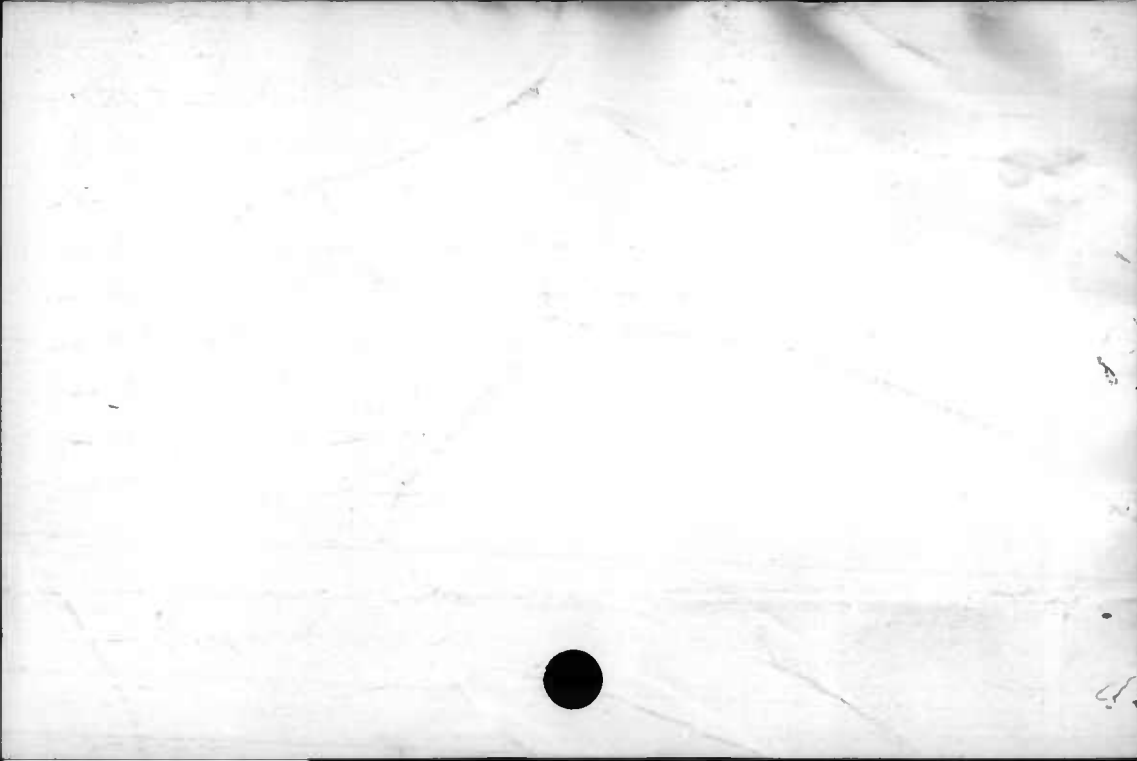
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Exhaustion</i>	How long	<i>179</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. M. Gooden and J. W.</i>	
		Address	
		<i>W. 14000 St.</i>	
Accident or Suicide?			



Name in Full		Ellenora Heird				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rocky Ridge		Frederick		MARYLAND	
	Date of death	1905	ad 9.	19	Age	73	Months 10 Days 21
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Jacob Stone				Father's Birthplace	Parson Co. Md.
	Mother's Maiden Name					Mother's Birthplace	"
Name of person giving information	Jas. E. Heird				How related to deceased		Husband-
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Dysentery. 100				How long	3 weeks
	Immediate	General debility				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	P. H. Diller.	
					Address	D. P. Creek. Maryland-	
Accident or Suicide?							



Name
in
Full

George Hoffman,

113

CERTIFICATE OF DEATH

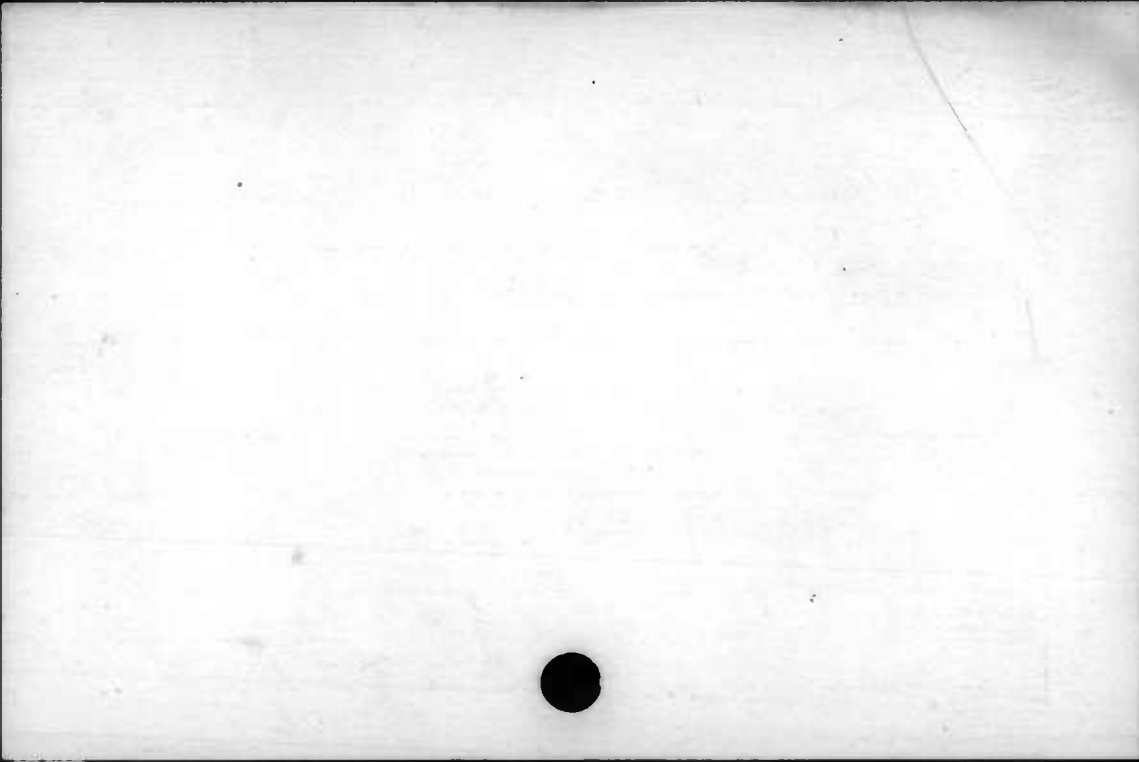
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Market</i> ^{Town}		<i>Fred</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Year}	<i>August</i> ^{Month}	<i>3rd</i> ^{Day}	<i>2</i> ^{Months}	<i>19</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>New Market</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Hannah Hoffman</i>		
Father's Name	<i>Geo. Hoffman</i>			Father's Birthplace	<i>Frederick City</i>
Mother's Maiden Name	<i>Elizabeth Froot</i>			Mother's Birthplace	<i>Libanus</i>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Minier's disease</i>	How long	<i>3 years</i>
Immediate	<i>brex during an attack</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. N. Hopkins Jr. M.D.</i>	
		Address <i>New Market</i>	
		<i>Maryland</i>	
Accident or Suicide? <i>no</i>			



Name
In
Full

CERTIFICATE OF DEATH

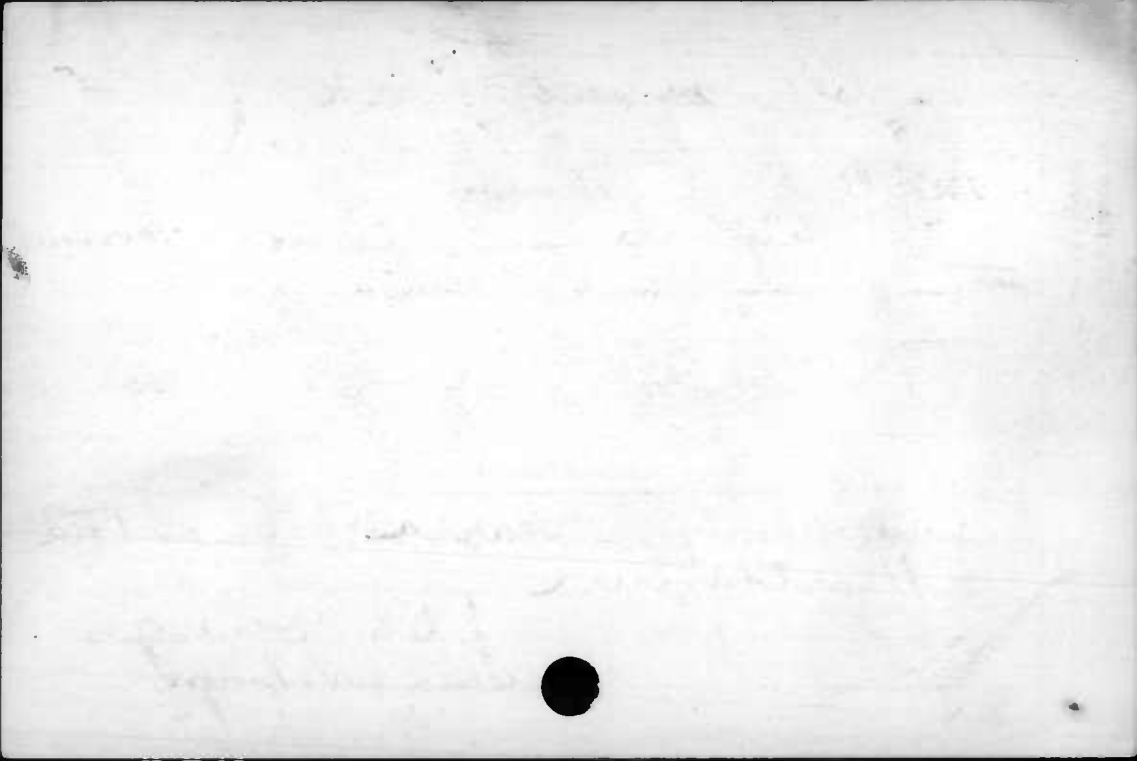
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catoctin Furnace</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1905	Month	8	Day	1	Age	79
Sex	Male		Color or Race	White		Birth-place	
Occupation	Fireman		Where Residing if not at place of death		Catoctin Furnace		
Married, Single or Widowed	Widower		Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile debility, Anasarca</i>	How long	<i>6 months</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J. D. S. Young</i>	
Address		<i>Breagertown</i>	
Accident or Suicide?		<i>Thick Co</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charlotte Ann Hoover</i>		Town <i>near Emmitsburg</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>near Emmitsburg</i>		Month <i>8</i>		Day <i>13</i>		Years <i>76</i>	
Date of death <i>1905</i>		Month <i>8</i>		Day <i>13</i>		Years <i>76</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>MD</i>		Months <i>4</i>	
Occupation <i>Lady</i>		Where Residing if not at place of death					
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>Jesse Hoover</i>					
Father's Name <i>John Singer</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Sarah Hockensmith</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Sarah Ovelman</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

Primary <i>Paralysis Agitans</i>	How long <i>6 Years</i>
Immediate	How long

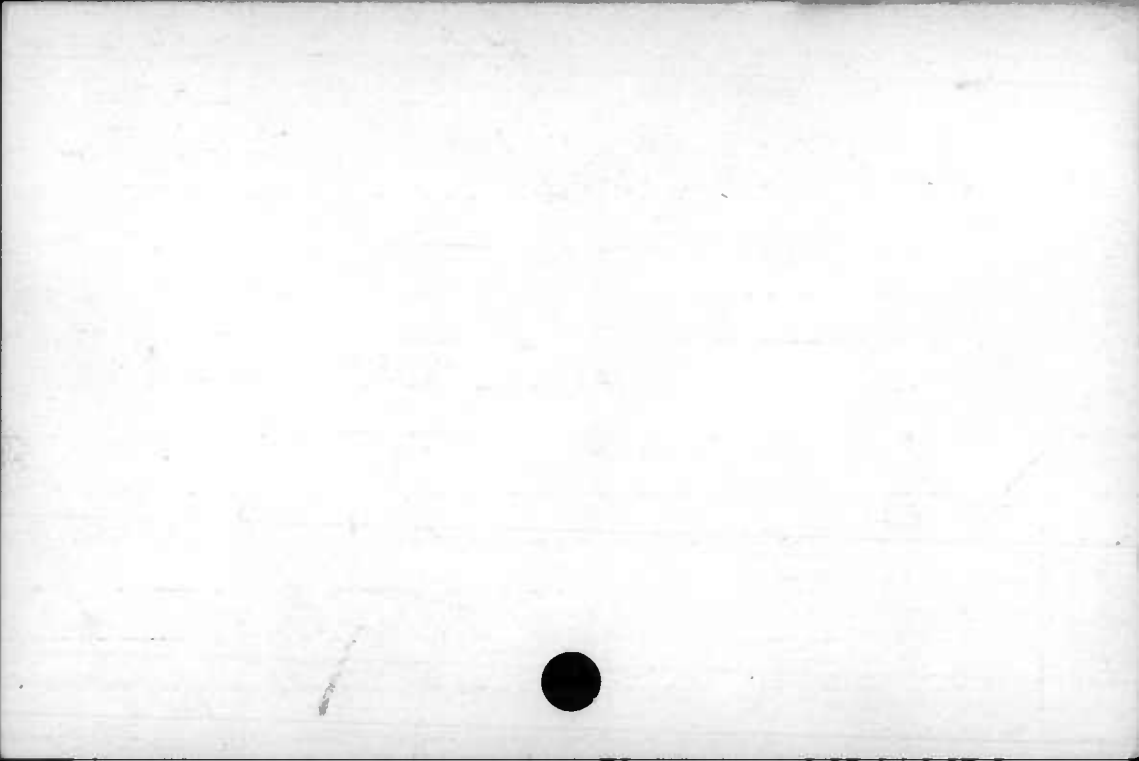
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Robert L. Annan
Emmitsburg Md

A-100-100-100



Name in Full		Roger Huffer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	near Bradenich		Bradenich					
	Date of death		Month	Day	Age	Years	Months	Days
	1905 Aug.		19				1	13
	Sex		Color or Race		Birth-place			
	Male		White		Md.			
	Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		Harry C. Huffer		Father's Birthplace		Md.		
Mother's Maiden Name		Bisler		Mother's Birthplace		Md.		
Name of person giving information				How related to deceased				
		<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">105</div>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Intestinal Catarrh			How long		4 weeks
	Immediate		Asthenia			How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S. J. Huffer,	
					Address		Bradenich,	
							Md.	
Accident or Suicide?								



Name in Full		Mahala E. Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick		County Frederick		MARYLAND	
	Date of death	1905	Month Aug.	Day 11	Years 62	Months	Days
	Sex	Female		Color or Race White		Birth- place Montgomery Co. Md.	
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband William Jones			
	Father's Name	Elijah Biggs				Father's Birthplace Md.	
	Mother's Maiden Name	Elisabeth Weller				Mother's Birthplace Md.	
	Name of person giving Information	E. H. Biggs				How related to deceased Brother	
PHYSICIAN OR CORONER	<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div>						
	Primary	Phthisis Pulmonalis				How long about 1 year	
	Immediate	Asthma				How long Several months	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician S. T. Haffner		
					Address Frederick, Md.		
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

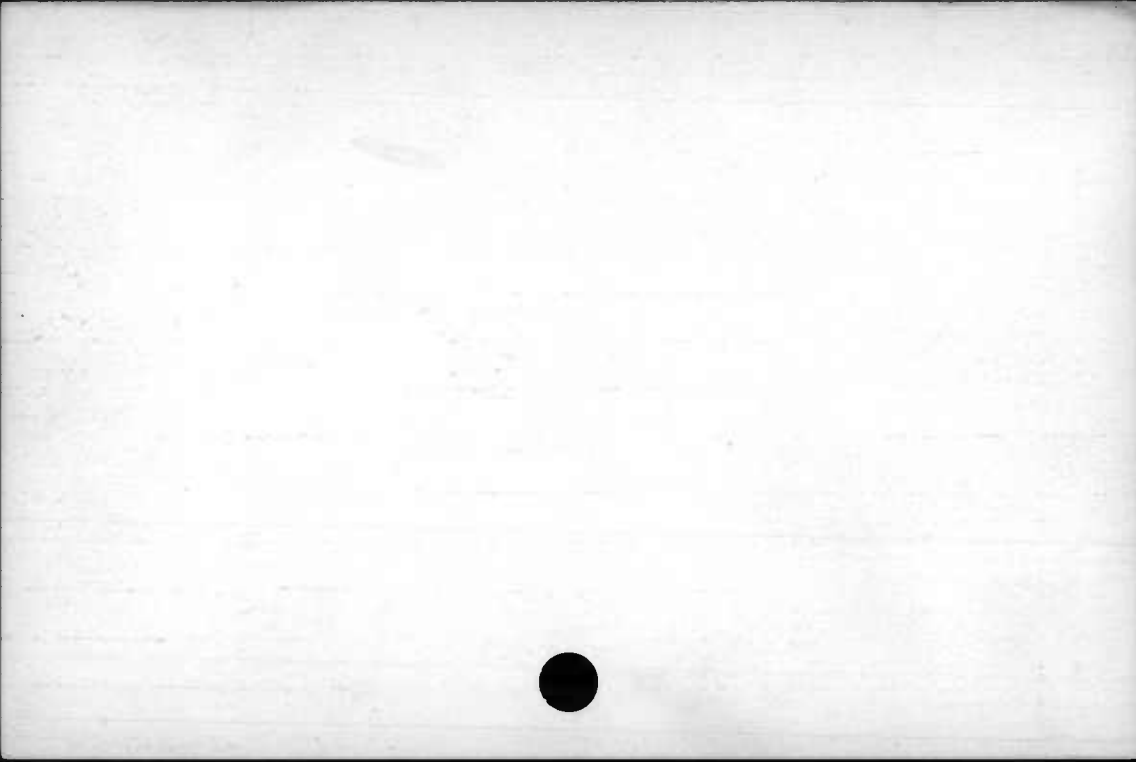
MARYLAND

Died at		Town		County	
Date of death		Month	Day	Years	Months
1905		aug	31	Age 66	
Sex	Color or Race	Birth-place			
Female	White	Maryland			
Occupation	Where Residing if not at place of death				
House Wife					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Christine Rickman		Maryland			
Mother's Maiden Name		Mother's Birthplace			
Mary Kestler		Maryland			
Name of person giving information		How related to deceased			
Alfred Rickman		Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	3 months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Dr. A. A. Greeney		
Address		Undertaker		
Accident or Suicide?				



Name
in
Full

Eva May Kemp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Fredrick</i>		^{County} <i>Fredrick</i>		MARYLAND	
Date of death	1905	Month	8	Day	5
Age		Years		Months	3
Sex		Female		Color or Race	White
Birth-place		<i>Fredrick Md</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Martin C Kemp</i>		Father's Birthplace	<i>Fredrick C Md</i>
Mother's Maiden Name		<i>Anna H Rameberg</i>		Mother's Birthplace	" "
Name of person giving information		<i>Anna H Kemp</i>		How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastric - Enteritis</i>	How long	<i>2 mo</i>
Immediate	<i>Inflammation</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>D. B. Johnson</i>	
		Address	
		<i>Fredrick Md.</i>	
Accident or Suicide?			

Manor Gran Yard

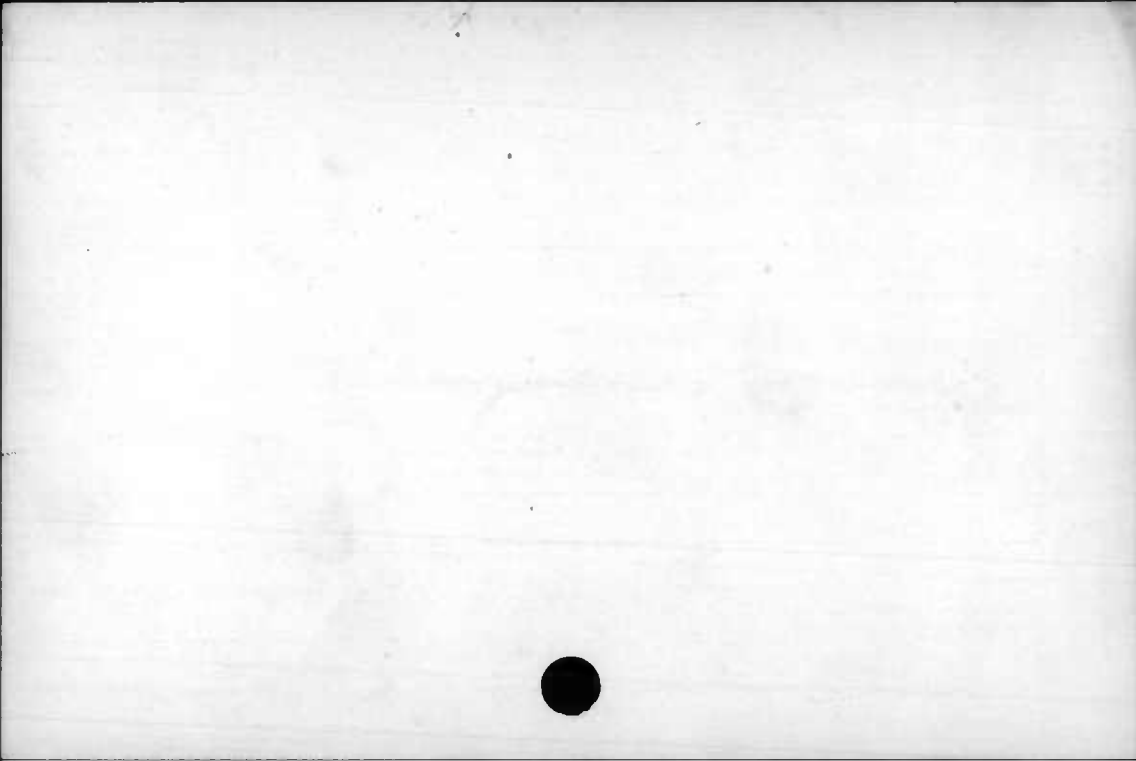
Aug 6 1905

C. C. Carty 75

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Brunswick</i>		Town <i>Brunswick</i>		County <i>Frederick</i>
	Date of death <i>1905 Aug 11</i>		Month <i>Aug</i> Day <i>11</i>		Years <i>5</i> Months <i>5</i> Days
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>		
	Occupation <i>none</i>		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <i>George Kenny</i>		Father's Birthplace <i>Va</i>		
	Mother's Maiden Name <i>Katie Wakefield</i>		Mother's Birthplace <i>Va</i>		
PHYSICIAN OR CORONER	Name of person giving information <i>Katie Kenny</i>		How related to deceased <i>Mother</i>		
	CAUSES OF DEATH				
	Primary <i>Diarrhea</i>	<i>(105)</i>		How long <i>4 weeks</i>	
	Immediate <i>Cholera Infantum</i>			How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. H. Horner</i>			
		Address <i>Brunswick md</i>			
Accident or Suicide? <i>no</i>					

Harrisonburg Va.

Name in Full		Franklin E. King				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick		County Frederick		MARYLAND	
	Date of death	1905	Month 8	Day 27	Age —	Months 7	Days —
	Sex	Male		Color or Race	White		Birth-place Md
	Occupation	X		Where Residing if not at place of death		X	
	Married, Single or Widowed	X		Name of Wife or Husband		X	
	Father's Name	Oscar King				Father's Birthplace	Md
	Mother's Maiden Name	Annie Gibbons				Mother's Birthplace	Md
PHYSICIAN OR CORONER	Name of person giving information	Annie King				How related to deceased	mother
	CAUSES OF DEATH						
	Primary	Marasmus				How long	5 mos
PHYSICIAN OR CORONER	Immediate	Exhaustion				How long	1 week
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	C. F. Gooden. MD	
					Address	Frederick	
	Accident or Suicide?				Md		



Name
in
Full

CERTIFICATE OF DEATH

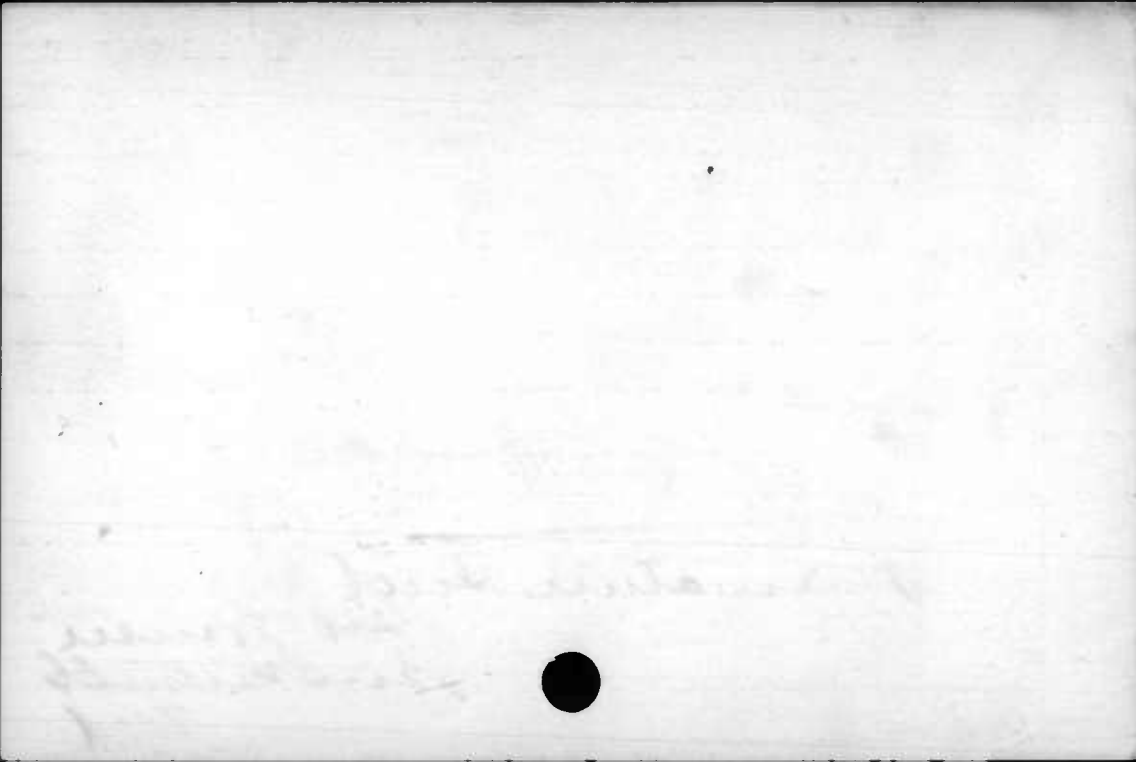
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Burkittsville</i>		County <i>Fredernock</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>8</i>	Day <i>29</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>female</i>		Color or Race <i>Wol</i>		Birth- place <i>Burkittsville</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Albert Lucas</i>				Father's Birthplace <i>Wld</i>			
Mother's Maiden Name <i>Lottie Rose</i>				Mother's Birthplace <i>Wld</i>			
Name of person giving In formation <i>Albert Lucas</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>[Signature]</i>	How long	<i>[Signature]</i>
Immediate	<i>Premature Birth</i>	How long	<i>[Signature]</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>	
		Address <i>Burkittsville</i>	
		<i>Wld</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

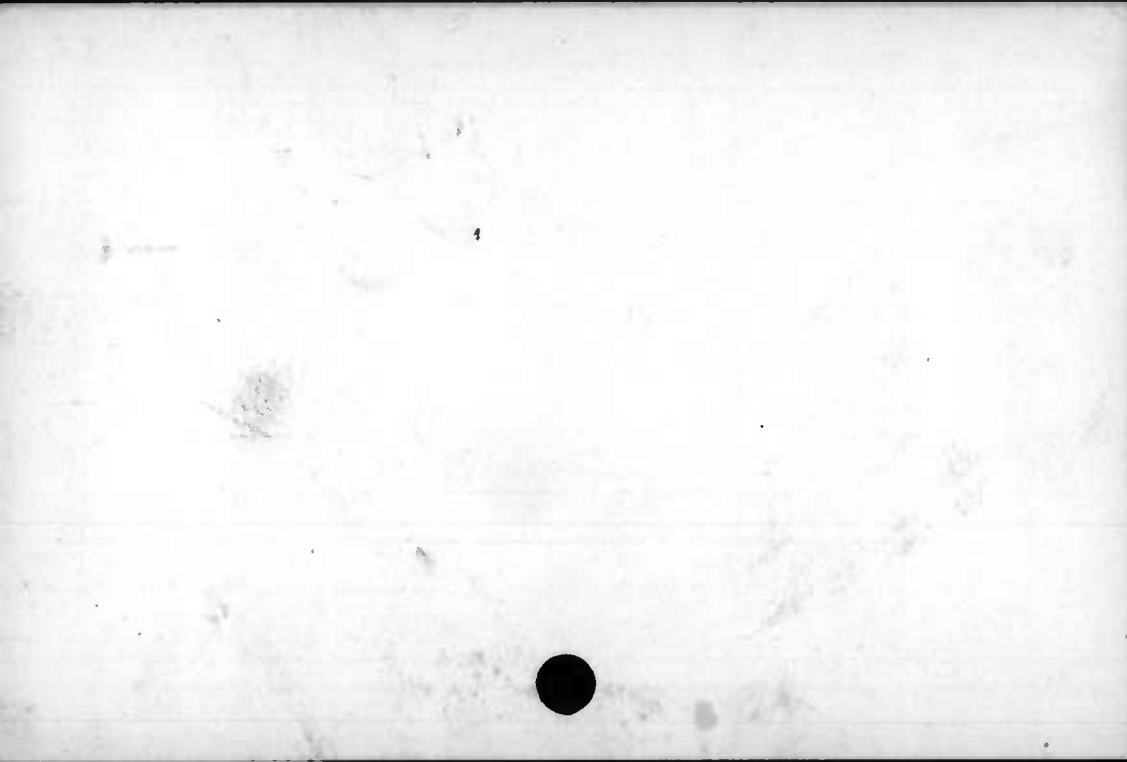
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary E. Mattson</i>		Town <i>Adams</i>		County <i>Frederick</i>		MARYLAND							
Died at <i>Adams</i>		Date of death <i>1905</i>		Month <i>8</i>		Day <i>3</i>		Age <i>Years</i>		Months <i>9</i>		Days <i>25</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ill.</i>		Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband											
Father's Name <i>Chas. A. Mattson</i>		Father's Birthplace <i>Ired Co</i>											
Mother's Maiden Name <i>Clara W. Shaver</i>		Mother's Birthplace <i>" "</i>											
Name of person giving information <i>Blossie Shaver</i>		How related to deceased <i>Aunt</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastroenteritis</i>	How long <i>27</i> <input checked="" type="checkbox"/> <i>4 weeks</i>
Immediate <i>Coma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. A. Mattson</i>
	Address <i>Adams</i>
Accident or Suicide?	



Name
in
Full

Mary MacLiffe (Infant) CERTIFICATE OF DEATH

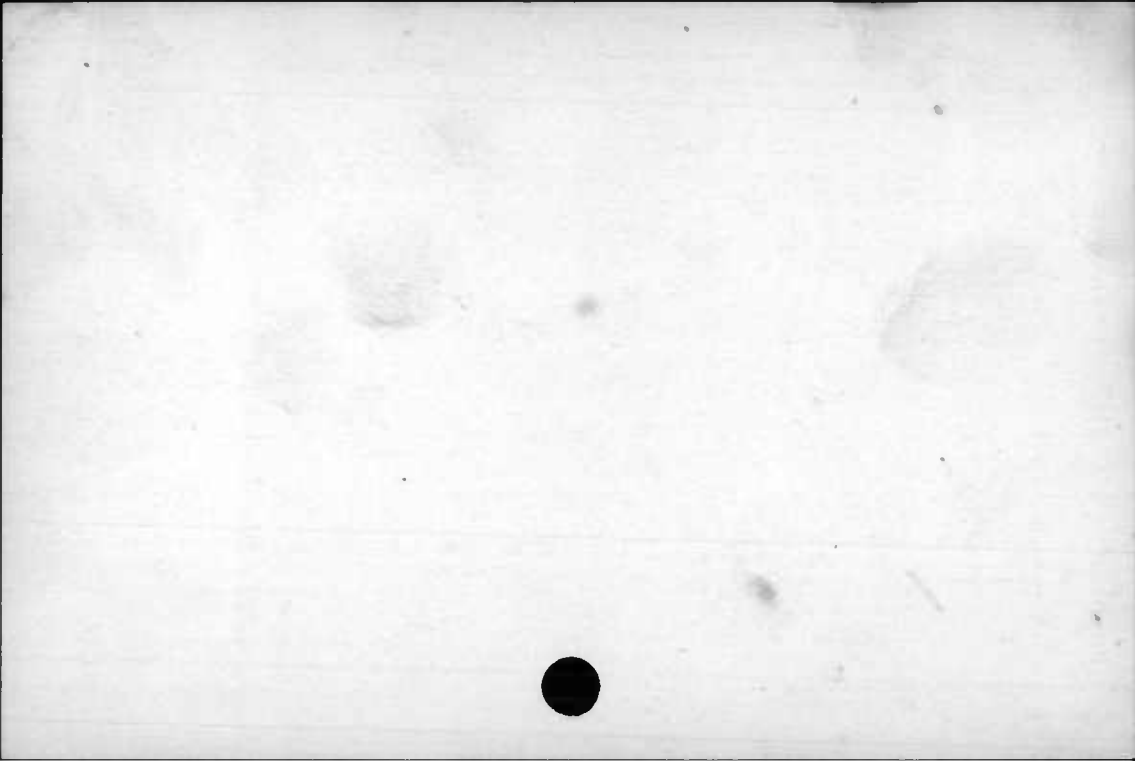
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Topville</u> Town		<u>Fredricks</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>30</u>	Age <u>22</u>	Years <u>3</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Smiths Ford Co.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Nathan MacLiffe</u>			Father's Birthplace <u>Fred Co Md</u>		
Mother's Maiden Name <u>Effe Holmes</u>			Mother's Birthplace <u>Fred Co Md</u>		
Name of person giving information <u>Nathan MacLiffe</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Simple Atrophy</u>	How long	<u>10 weeks</u>
Immediate	<u>Enterocolitis</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. C. Kefauver</u>	
		Address <u>Sherrmount, Md.</u>	
Accident or Suicide? <u>No</u>			



Name in Full		Dorothy V. Michael				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick	County Frederick		MARYLAND	
	Date of death		1905	Month 8	Day 5	Age —	Months 7
	Sex		Female		Color or Race	Wh	
	Occupation		X		Birth-place	Md	
	Where Residing if not at place of death		X				
	Married, Single or Widowed		X		Name of Wife or Husband		
	Father's Name		Leah S. Michael		Father's Birthplace		
Mother's Maiden Name		Blanche Marie		Mother's Birthplace			
Name of person giving information		Mr. Michael		How related to deceased			Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid Infantum			How long	
	Immediate		Convulsions			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
Accident or Suicide?			Md				

Lutheran Cemetery

Middletown

Aug. 7/1905-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Montgomery Hospital* *Frederick*

MARYLAND

Date of death *1905* *Aug* *20* Age *73*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Senility

How long

Immediate

Cardiac Dehilitation

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*R. S. Lyman*

Address

*Frederick**Md.*

Accident or Suicide?



Name
in
Full

Luther Albion Muck

CERTIFICATE OF DEATH

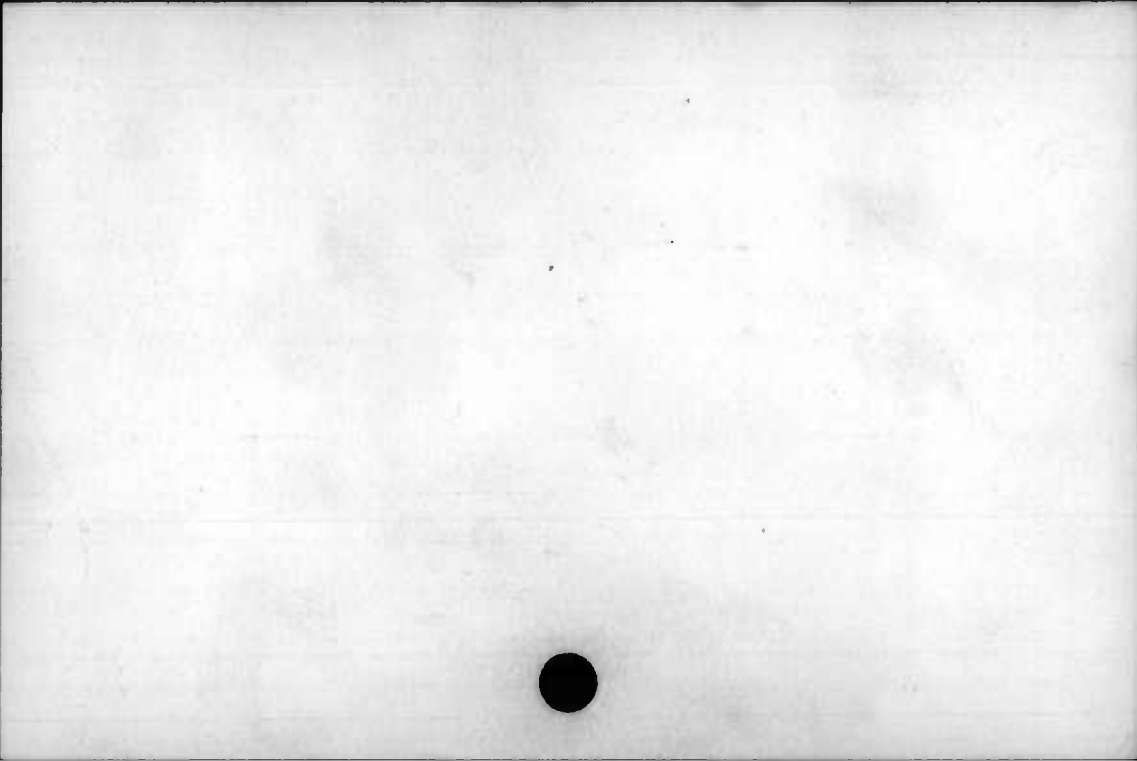
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Petersville</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1905	Month 8	Day 23	Age	34	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Petersville</i>
Occupation	<i>B & O. R. R.</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Luna Katherine Muck</i>				
Father's Name	<i>L. A. Muck</i>					Father's Birthplace	<i>Petersville</i>
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation	<i>H. L. Muck</i>					How related to deceased	<i>Wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scattera</i>		How long	<i>ten weeks</i>
Immediate	<i>Heart + Kidney Comp</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Wm. Claggett</i>
			Address	<i>Petersville</i>
Accident or Suicide?				<i>no</i>



Name
in
Full

Anna Maria Reinaher

CERTIFICATE OF DEATH

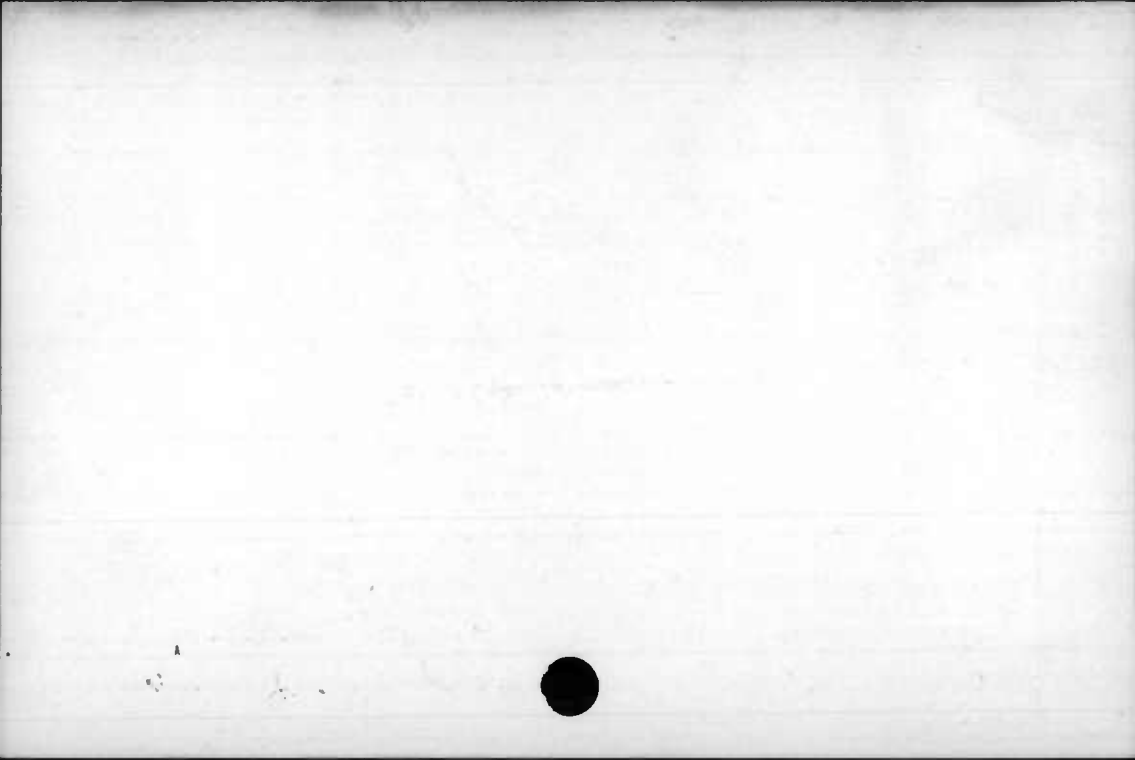
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Frederick</i>			^{County} <i>Frederick</i>			MARYLAND			
Date of death <i>1905</i>		^{Month} <i>Aug</i>		^{Day} <i>22</i>		^{Years} <i>8.5</i>		^{Months} <i>6</i>	^{Days} <i>16</i>
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Germany</i>			
Occupation <i>Retired</i>					Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Widow</i>			Name of Wife or Husband <i>H H Reinaher</i>						
Father's Name <i>John Baxter</i>						Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unknown</i>						Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Geo S Rodock</i>						How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Asthenia</i>		How long <i>6 months</i>
Immediate <i>Renal insufficiency - uraemia</i>		How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Labruce</i>
		Address <i>23 E Church St</i>
Accident or Suicide? <i>Fall precipitated attack</i>		<i>Frederick</i>



Name
in
Full

James Holker

CERTIFICATE OF DEATH

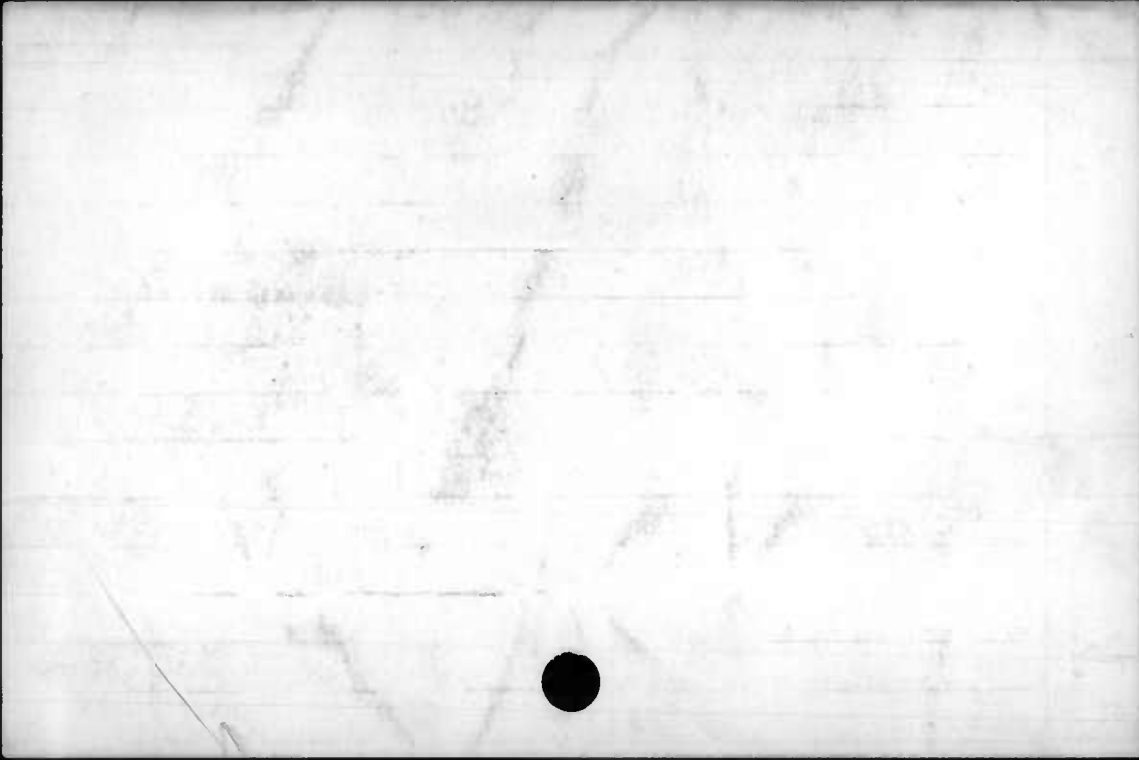
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highfield, Md.</i>		Town <i>Highfield</i>		County <i>Franklin</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>August</i>		Day <i>20</i>		Age <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore, Md.</i>		Months <i>8</i>	
Occupation				Where Residing if not at place of death <i>Baltimore, Md.</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Ben Holker</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Ulcerative Ileo-Colitis</i>		How long <i>Three weeks (?)</i>	
Immediate <i>Respiratory Paralysis</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. T. L. Taylor M.D.</i>	
		Address <i>Blue Ridge Summit Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

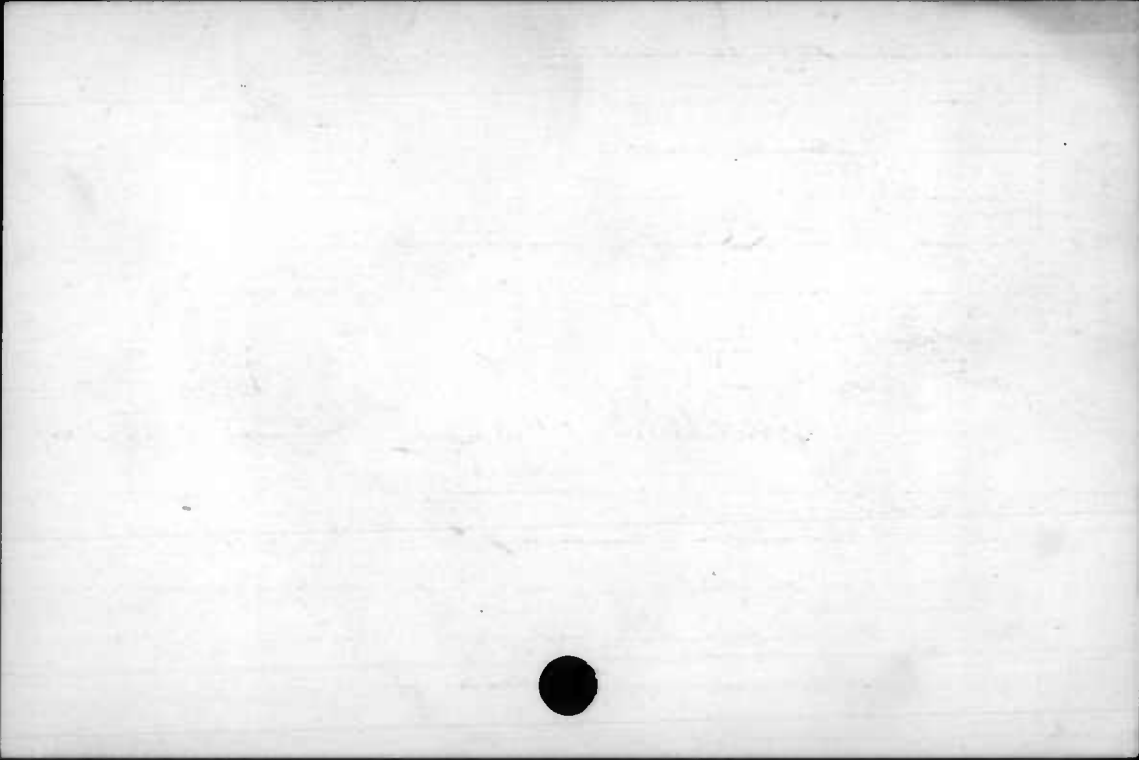
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Ann M. Nunemaker</i>		Town <i>Catoctin Furnace</i>		County <i>Fredrick</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 Aug 14</i>		<i>60</i>		<i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place		Days <i>5</i>	
Occupation <i>Midwife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Christian Nunemaker</i>					
Father's Name <i>Solomon Fraley</i>		Father's Birthplace <i>Catoctin Furnace</i>					
Mother's Maiden Name <i>Olivia Walker</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Jonathan Fraley</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis & Gastric Catarrh</i>	How long	<i>6 weeks</i>
Immediate	<i>Pulmonary Hemorrhage</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. D. S. Young</i>	
<i>Yes</i>		Address <i>Fredericktown</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Minnie Kuse*

Died at *batoclin* ^{Town} *Frederick* ^{County}

MARYLAND

Date of death 190*7* Month *8* Day *25* Age *—* Years Months *4* Days *12*

Sex *Female* Color or Race *White* Birth-place *batoclin*

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name *James M. Kuse* Father's Birthplace *Knottville*

Mother's Maiden Name *Minnie R. Fry* Mother's Birthplace *Springfield Ohio*

Name of person giving information *Father* How related to deceased *71*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate *Concussion*

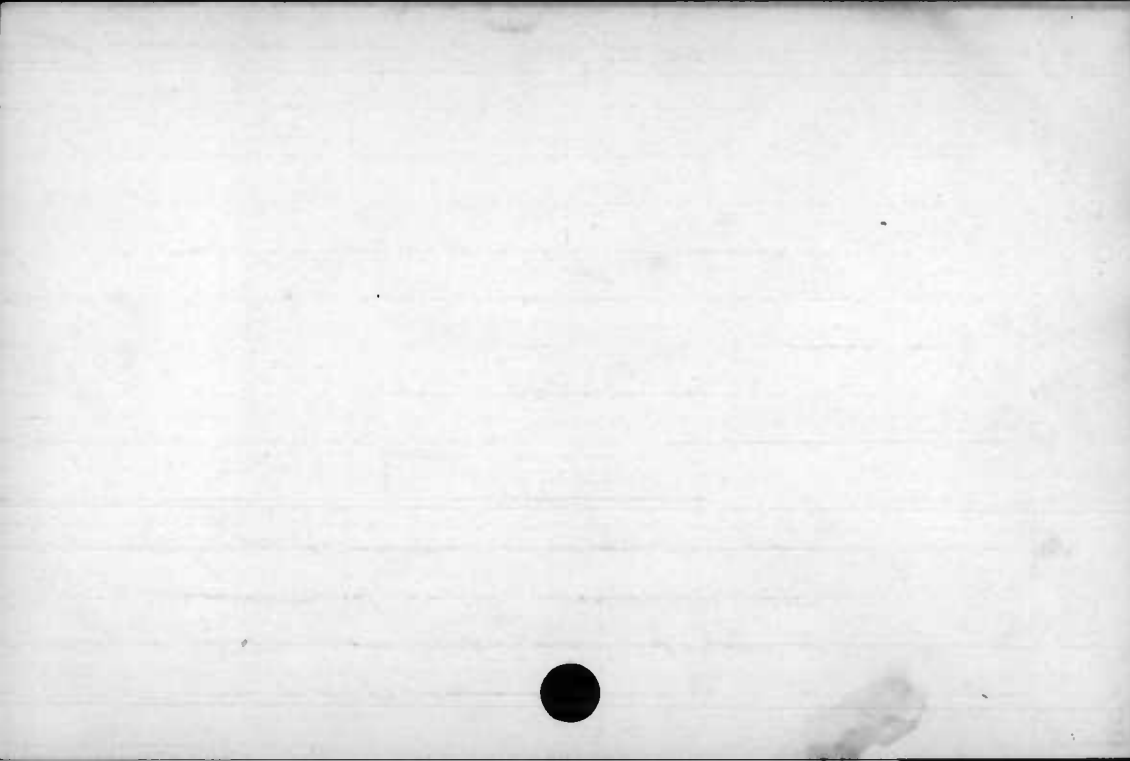
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *D. H. Bolter, M.D.*

Address *Jefferson Ford C. Md*

Accident or Suicide?



Gertrude Parker
 Town *Georgetown* County *Fredrick* MARYLAND
 Died at *Georgetown*
 Date 1905 August 20 Age 8 4-0 *md* *Woman*
 Male ☒ White ☐ Married ☐ Widow ☐ Divorced
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of *Georgie Parker*
 Wife
 Father's Name *don't know* Mother's Name *Georgie Parker*
 Maiden Name

Cause of Death { Primary *Cholera Infantum* How long sick *2 days*
 { Immediate *Coma* (105) Accident, Suicide, Homicide

Reported by *Mr W. S. Stone*
 Address *Georgetown*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

Harrol M. C. Phobor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredricks</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>24</i>	Age <i>1</i>	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>N. West St.</i>		
Occupation <i>X</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Elmer M. C. Phobor</i>			Father's Birthplace <i>Indiana Ind.</i>		
Mother's Maiden Name <i>Margaret V. Klein</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Elmer M. C. Phobor</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Feething</i>	How long <i>1 Month</i>
Immediate <i>Intestines</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>J. S. Magrath</i>
	Address <i>17 Fremont St.</i>
Accident or Suicide? <i>Accident</i>	

66 66 66 66

Aug 26

Mr 16 66 66

Name
in
Full

Benjamin Franklin Pryor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

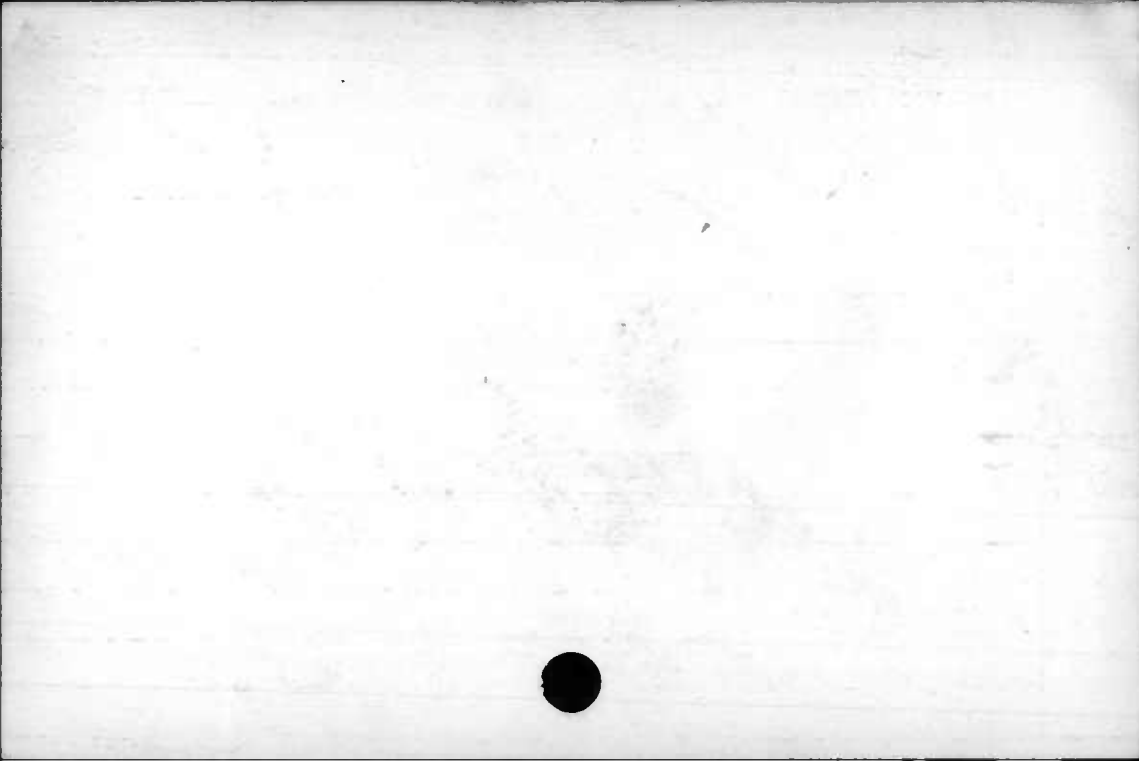
MARYLAND

Died at ^{Town} <i>Wolfsville</i>		^{County} <i>Frederick</i>			
Date of death	190 <i>5</i>	Month <i>aug</i>	Day <i>26</i>	Age <i>69</i>	Months <i>1</i> Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Lumberman</i>	Where Residing if not at place of death <i>wolfville</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Benjamin Pryor</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Katie Lewis</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Gra Pryor</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(64)</i>	How long
Immediate <i>Cerebral Hemorrhage</i>		How long <i>8 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Smith</i>	
	Address <i>wolfville md</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

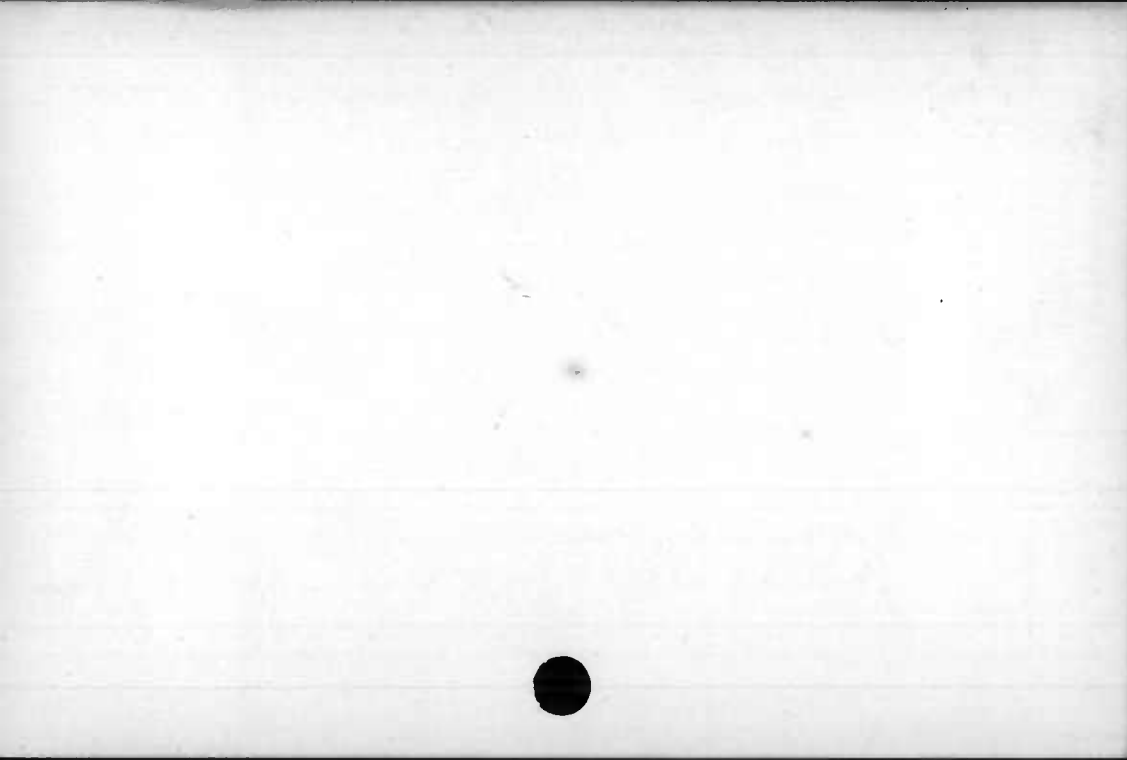
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		Month Aug		Day 14		Age Years 60 Months 0 Days 6	
Sex male		Color or Race White		Birth-place Frederick			
Occupation Clerk etc		Where Residing if not at place of death Same					
Married, Single or Widowed Widower		Name of Wife or Husband Mollie Dyer					
Father's Name Grafton J Rice		Father's Birthplace Frederick					
Mother's Maiden Name Margaret R. Bish		Mother's Birthplace Frederick					
Name of person giving information C. F. Rice		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis	How long	3 days
Immediate	Cardiac Dilatation (chronic)	How long	Several years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	LaBuer md.
yes		Address	23 E Church St
No.		Frederick md	
Accident or Suicide?			



Name
in
Full

Elizabeth S. Ridgely
Town Frederick Co.

CERTIFICATE OF DEATH

MARYLAND

Died at

Frederick

Date

1905 Aug

Day

10th

Age

Years

Months

2

Days

20

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Frank S. Ridgely

Father's
Birthplace

Ind

Mother's
Maiden Name

Florence Hamilton

Mother's
Birthplace

Ind

Name of person giving
In formation

Frank Ridgely

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

4 days

Immediate

Adverse Paralysis

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Frank Hedges

Address

Frederick

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Mary Elizabeth Rautzohr		Town Middletown		County Frederick		MARYLAND	
Died at		Month Aug		Day 31		Years 72	
Date of death 1905		Month Aug		Day 31		Years 72	
Sex Female		Color or Race White		Birth- place		Months 11	
Occupation Housewife		Where Residing if not at place of death		Days 10			
Married, Single or Widowed Widow		Name of Wife or Husband Geo Henry Rautzohr		Father's Birthplace			
Father's Name Philip Baer		Mother's Maiden Name Susan Johnson		Mother's Birthplace			
Name of person giving In formation Hester Rautzohr		How related to deceased Daughter					

CAUSES OF DEATH

Primary	Paralysis (cerebral)	How long	about 2 yrs
Immediate	Exhaustion	How long	

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

E L Beckley

Middletown

Md

Accident or Suicide?



Name In Full

Certificate of Death

Ellen G. Runkles,

No. 24

near

Town

County

Died at

New London Frederick State of MARYLAND

Date 1985-

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1985-

Aug. 8

Age

63, 3, 2

Frederick, Md.

Male

White

Married

Widow

Divorced

Female

~~Spouse~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paralysis

Death

Immediate

Exhaustion

How long sick

4 days

Accident, Suicide, Homicide

Reported by

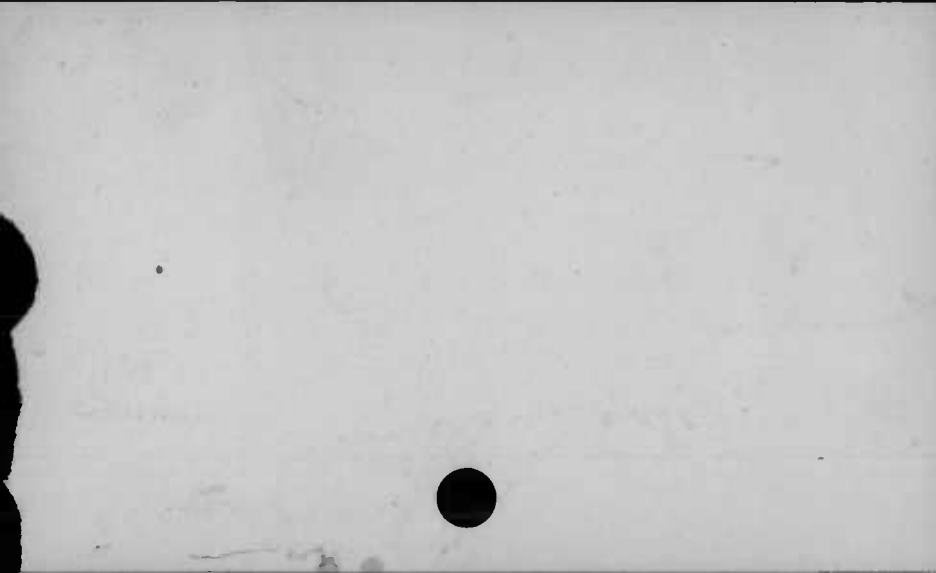
D. M. Develbiss

Address

Woodville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

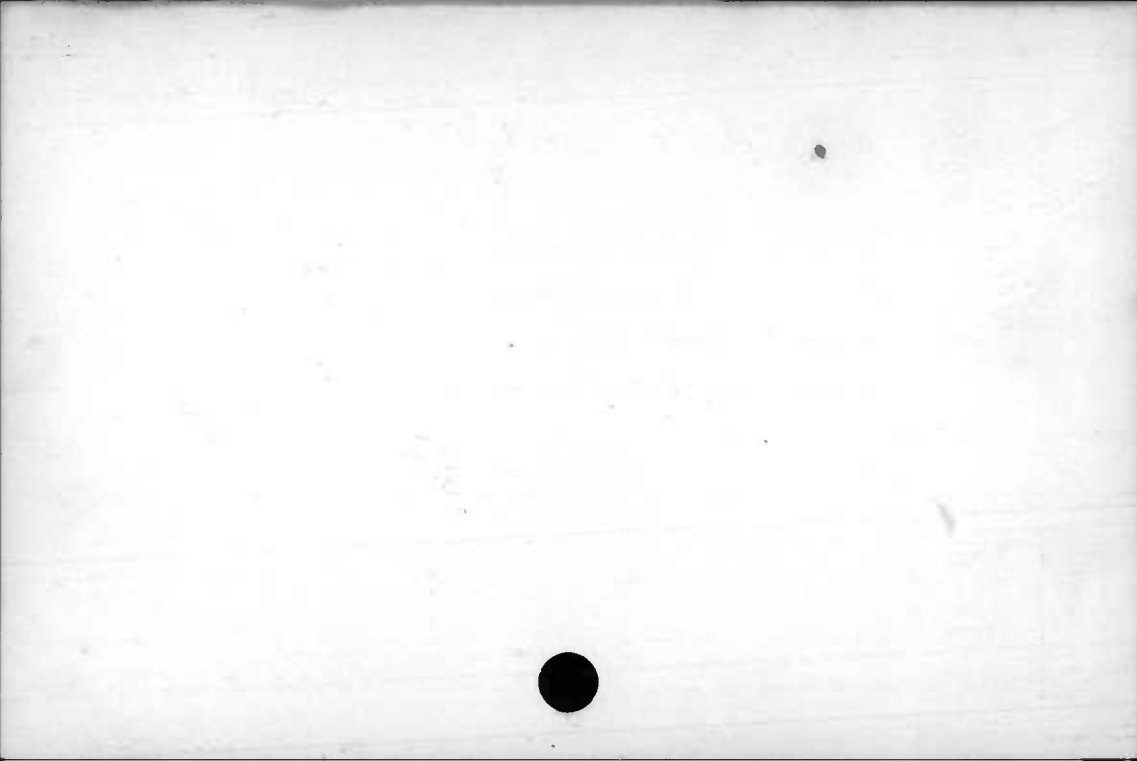
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middletown</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND								
Date of death	1905	Month	Aug	Day	7	Age	62	Years	Months	2	Days	6
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place						
Occupation	<i>Farmer</i>		Where Residing if not at place of death									
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Mollie B Young</i>									
Father's Name	<i>Vincent Sanner</i>						Father's Birthplace					
Mother's Maiden Name	<i>Susan Hutzell</i>						Mother's Birthplace					
Name of person giving information						How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Angina Pectoris</i>	How long	<i>unknown</i>
Immediate	<i>Paralysis of heart from distention</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>E L Beckley</i>
<i>Yes</i>		Address	<i>Middletown Md</i>
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>Mrs Cresence Sheffield</i>		Town <i>Fredrick</i>		County <i>Fredrick</i>		MARYLAND			
Died at		Date of death		Age		Months		Days	
<i>1905</i>		<i>August 14</i>		<i>73</i>		<i>X</i>		<i>X</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Braveria Germany</i>					
Occupation <i>—</i>				Where Residing if not at place of death <i>East 2nd St city</i>					
Married or Widowed				Name of Wife or Husband <i>Andrew Sheffield</i>					
Father's Name <i>Don't know</i>				Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Frank Sheffield</i>				How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary <i>Cirrhosis of Kidneys</i>		How long <i>unknown</i>	
Immediate <i>Uremia Cerebra</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. C. Campbell</i>	
		Address <i>Fredrick Md</i>	
Accident or Suicide? <i>No</i>			



Name in Full		Shelton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND
	Date of death <i>1905</i>	Month <i>8</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>still birth</i>	Days <i>—</i>
	Sex <i>Male</i>		Color or Race <i>wh</i>		Birthplace <i>—</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Thomas Shelton</i>				Father's Birthplace <i>md</i>		
	Mother's Maiden Name <i>Cora Bartholomew</i>				Mother's Birthplace <i>md</i>		
Name of person giving information <i>C. F. Grodner</i>				How related to deceased <i>—</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Still birth</i>				How long <i>7 am term</i>		
	Immediate <i>—</i>				How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yr</i>		Signature of Physician <i>C. F. Grodner</i>				
			Address <i>Frederick</i>				
Accident or Suicide? <i>—</i>							



Name
in
Full

CERTIFICATE OF DEATH

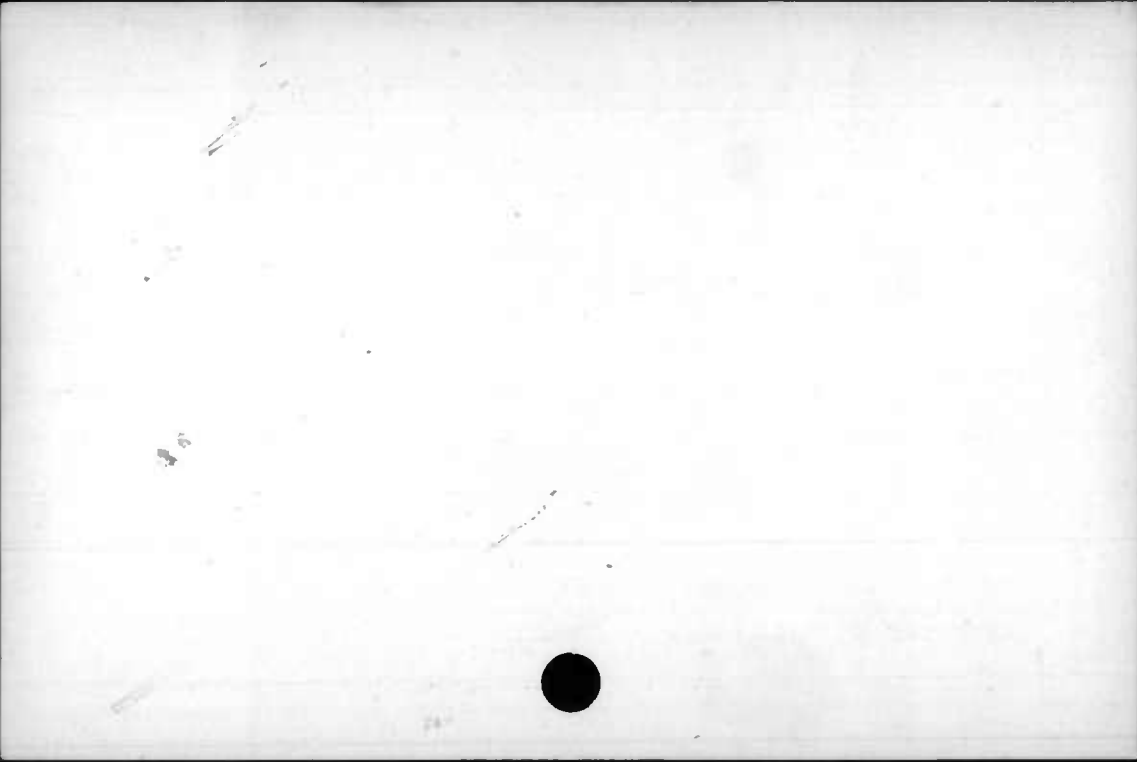
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walkersville</i>		County <i>Lidd Co.</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>8</i>	Day <i>25</i>	Age <i>—</i>	Months <i>1 1/2</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Walkersville</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Hansen Shoemaker</i>			Father's Birthplace <i>Co.</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Co.</i>		
Name of person giving information <i>J. D. Nicodemus</i>			How related to deceased <i>in way</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Multiple abscesses</i>	How long <i>20</i>
Immediate <i>septicemia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Nicodemus</i>
	Address <i>Walkersville, Md.</i>
Accident or Suicide?	



Name
in
Full

Simmons, Nervia Elizabeth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Frederick* TownCounty *Frederick*Date of death *1905* Month *8*Day *9*Age *9* Years

Months

Days *13*Sex *Female*

Color or Race

White

Birth-place

Frederick

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John Simmons

Father's Birthplace

Catonsville

Mother's Maiden Name

Curris Moore

Mother's Birthplace

Catonsville

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

pernicious

How long

30 days

Immediate

lethargic

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

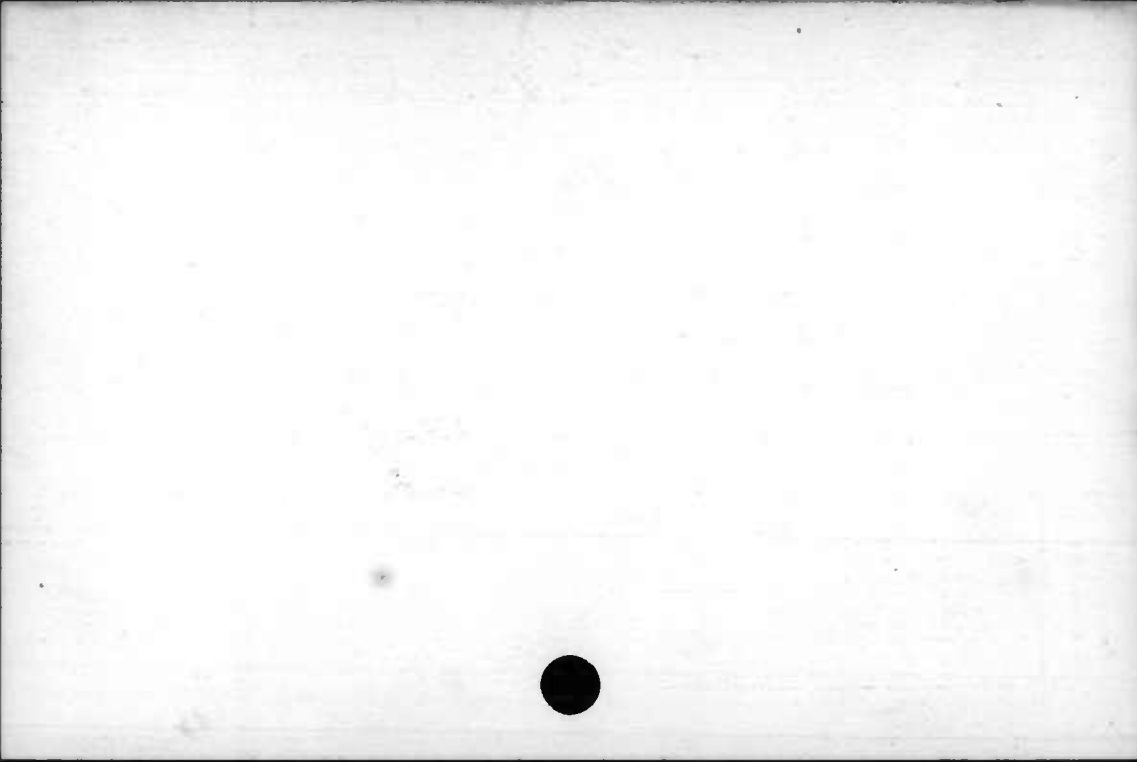
Signature of Physician

W. P. Fahmy

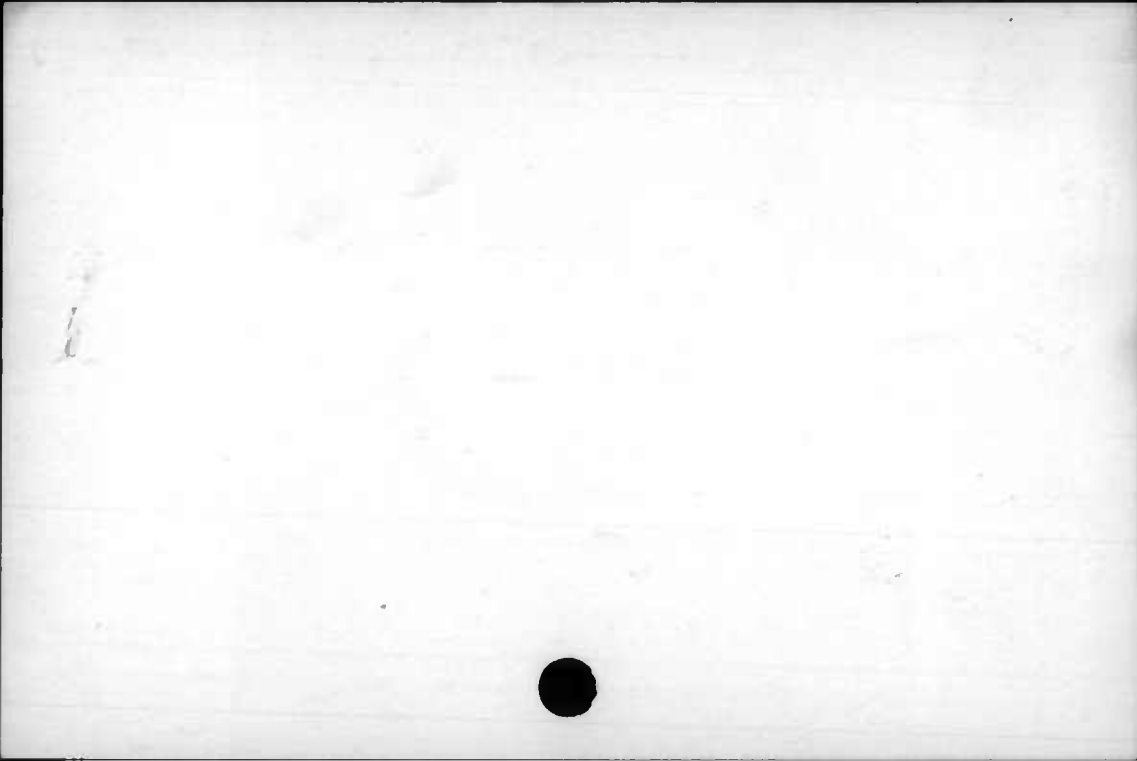
Address

Frederick Md

Accident or Suicide?



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Liberty Town</i> <i>Frederick</i> County			
		MARYLAND			
		Date of death <i>1905</i> <i>Aug</i> <i>20th</i> <i>Age</i> <i>15</i> <i>Months</i> <i>11</i> <i>Days</i> <i>5</i>			
		Sex <i>Female</i> <i>Color or Race</i> <i>White</i> <i>Birth-place</i> <i>Liberty Town</i>			
		Occupation <i>School-girl</i> <i>Where Residing if not at place of death</i>			
Married, Single or Widowed <i>Single</i> <i>Name of Wife or Husband</i>					
Father's Name <i>Thomas A. Simpson</i> <i>Father's Birthplace</i> <i>Liberty Town</i>					
Mother's Maiden Name <i>Maggie R. Smith</i> <i>Mother's Birthplace</i> <i>Frederick Co</i>					
Name of person giving information <i>Thomas A. Simpson</i> <i>How related to deceased</i> <i>Father</i>					
CAUSES OF DEATH					
Primary <i>Typhoid Fever</i> <i>How long</i> <i>17 days</i>					
Immediate <i>Intestinal Hemorrhage</i> <i>How long</i> <i>6 hrs.</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. B. Stone M.D.</i>			
		Address <i>Liberty Town</i>			
Accident or Suicide?		<i>Ind.</i>			



Name
in
Full

CERTIFICATE OF DEATH

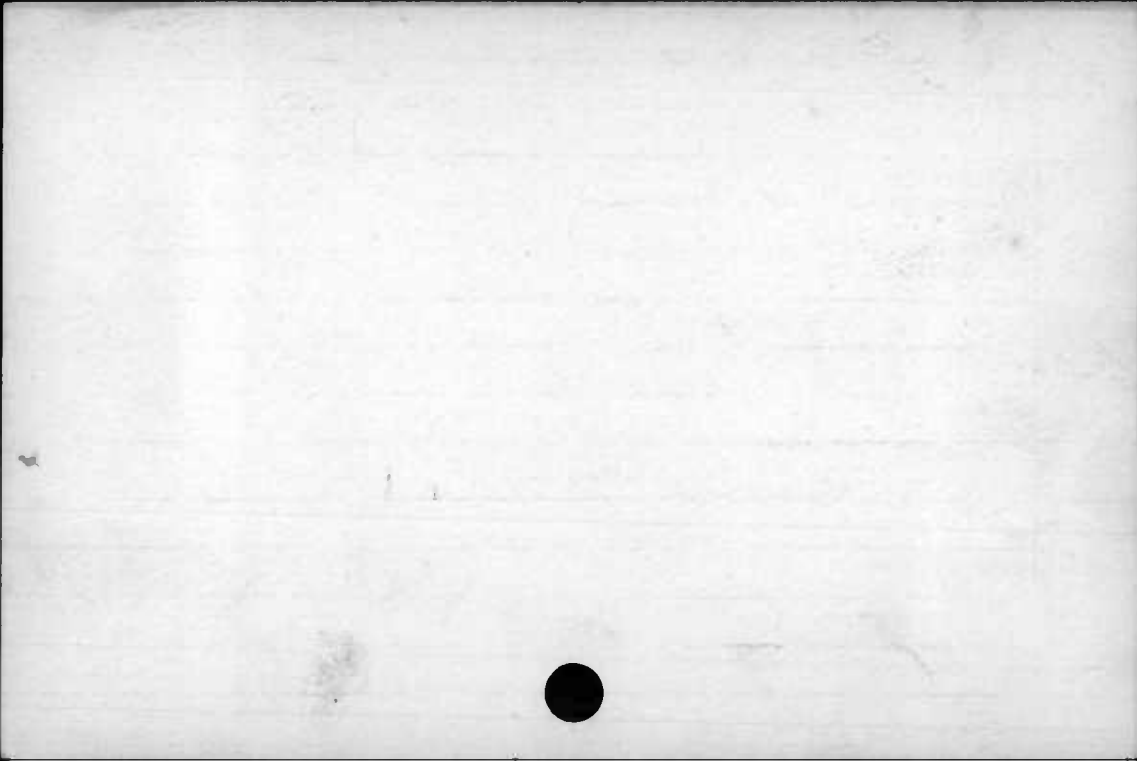
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seagraveville</i> ^{Town}		<i>Mad</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>8</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Near Seagraveville</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John W. Smiley</i>			Father's Birthplace <i>Unk</i>		
Mother's Maiden Name <i>Alberta M. Sheffer</i>			Mother's Birthplace <i>Unk</i>		
Name of person giving In formation <i>John W. Smiley</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long <i>104</i>
Immediate		<i>W. C. J. Gooden. M. D.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. K. Etchison</i>	
<i>Yes</i>	Address <i>Undertaker, Jefferson Medk Co.</i>	
Accident or Suicide?		



Name
in
Full

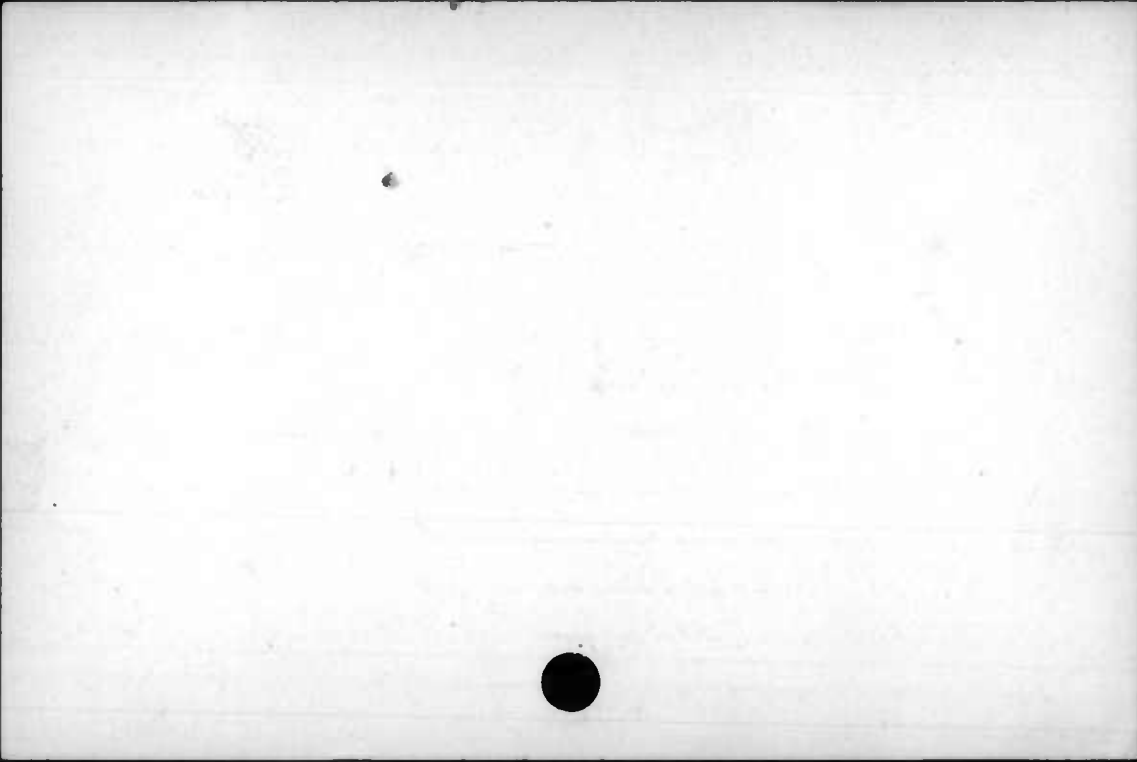
TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Aug.	8 th	Age Four	11	9	
Sex	Gender	Color or Race	White		Birth-place	Dist. Columbia	
Occupation				Where Residing If not at place of death			
Married, Single		Name of Wife or Husband					
Father's Name		Thos. Smith			Father's Birthplace		
Mother's Maiden Name		Lena Hornum			Mother's Birthplace		
Name of person giving information					How related to deceased		
					1104 ✓		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Fracture of Skull		How long	
	Immediate	Injury to Brain		How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
	Yes		E. E. Mullins	Verona, N.J.	
Accident or		Accident			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i> ^{Town}		<i>Ind.</i> ^{County}		MARYLAND
	Date of death <i>1907 Aug</i> ^{Month}	<i>25</i> ^{Day}	<i>5</i> ^{Years}	<i>5</i> ^{Months}	<i>15</i> ^{Days}
	Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Ind.</i>		
	Occupation <i>—</i>	Where Residing if not at place of death <i>York Pa</i>			
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name <i>Wm. J. Smith</i>	Father's Birthplace <i>Ind.</i>			
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Emeline H. Smith</i>	Mother's Birthplace <i>Ind.</i>			
	Name of person giving information <i>Wm. J. Smith</i>	How related to deceased <i>father</i>			
	CAUSES OF DEATH				
	Primary <i>Fracture of skull</i> <input checked="" type="checkbox"/>	How long <i>2 yrs</i>			
Immediate <i>Concussion of brain; Hydrocephalus</i>	How long <i>1 week</i>				
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician <i>G. J. Applegate M.D.</i>		
			Address <i>N. 1st St. Wash. D.C.</i>		
Accident or Suicide?			<i>Ind. Maryland</i>		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Baltimore

Town

Frederick

County

MARYLAND

Date

of death 190

Month

Aug

Day

22

Years

Age

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Frederick

Occupation

R.R. Freeman

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Locomotor Ataxia

How long

18 months

Immediate

Paralysis

How long

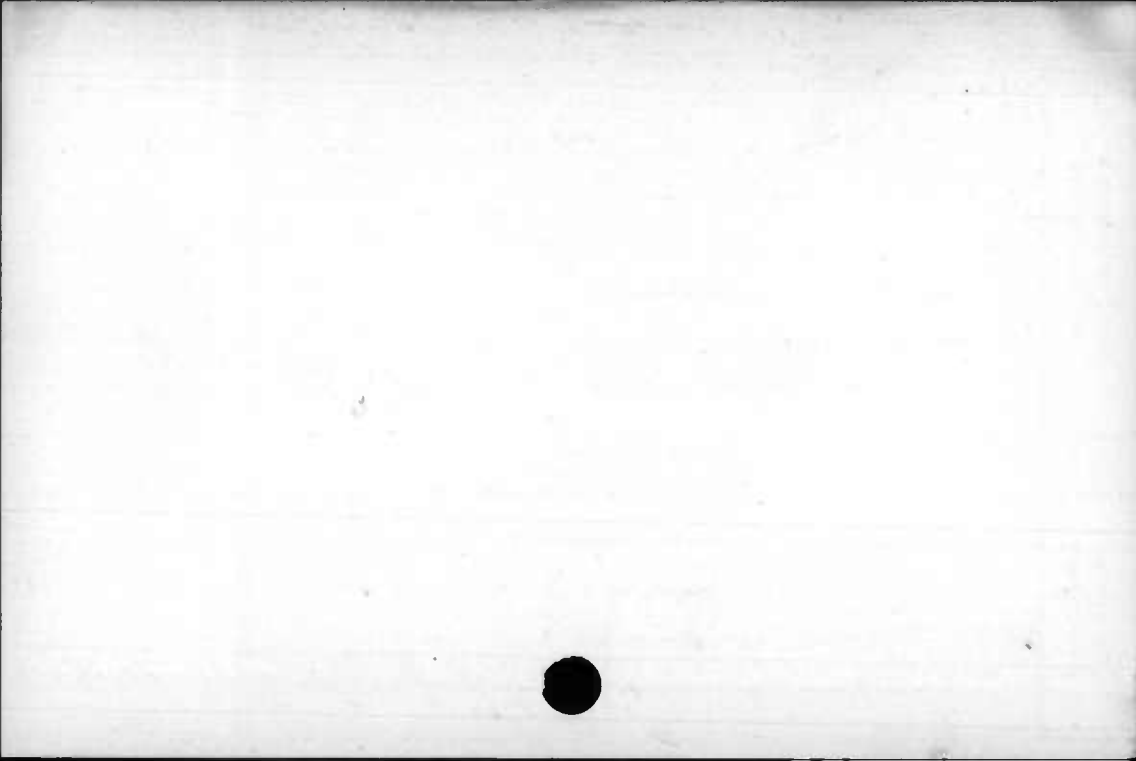
10 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. Downey M.D.
New Market

Accident or Suicide?



Name
in
Full

Cecelia Stansbury

CERTIFICATE OF DEATH

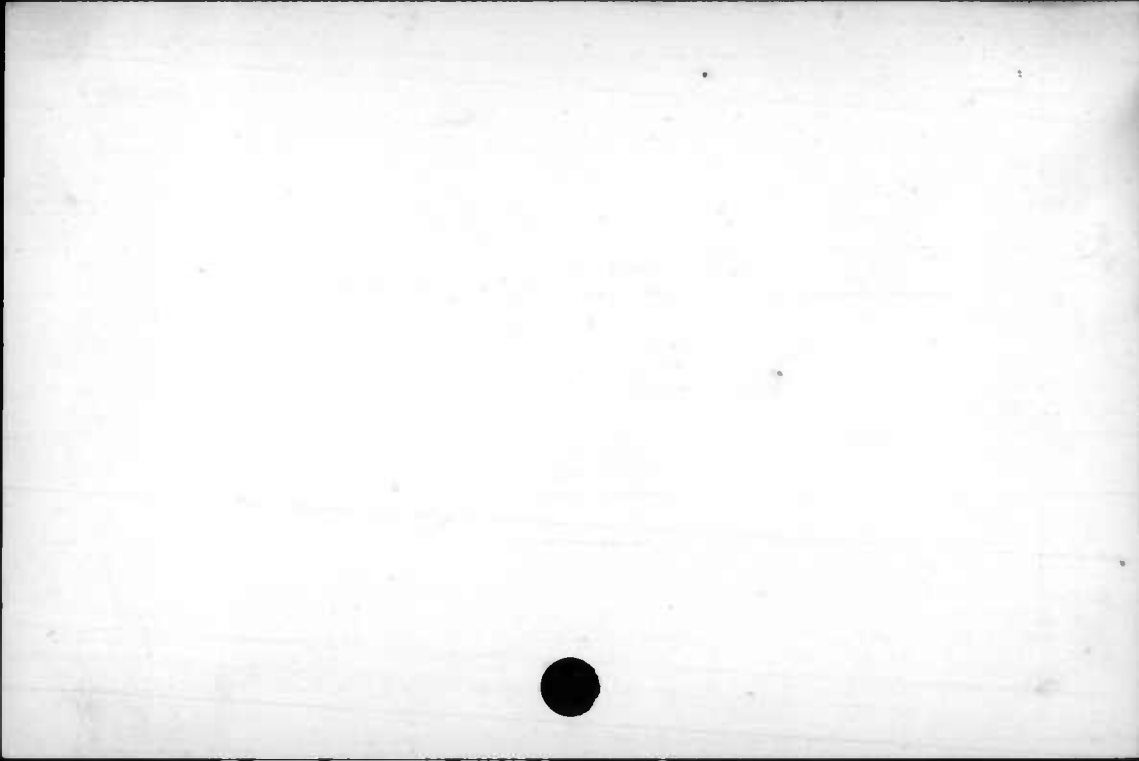
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug</i>	Day <i>15</i>	Years <i>80</i>	Months <i>—</i>	Days <i>9</i>		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Michael Stansbury</i>					
Father's Name <i>Harold Danuth</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Barbray Valentine</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart disease</i>	How long
Immediate	<i>Dropsy</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician
		Address <i>112 Geo H. Waters M.D. Frederick Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

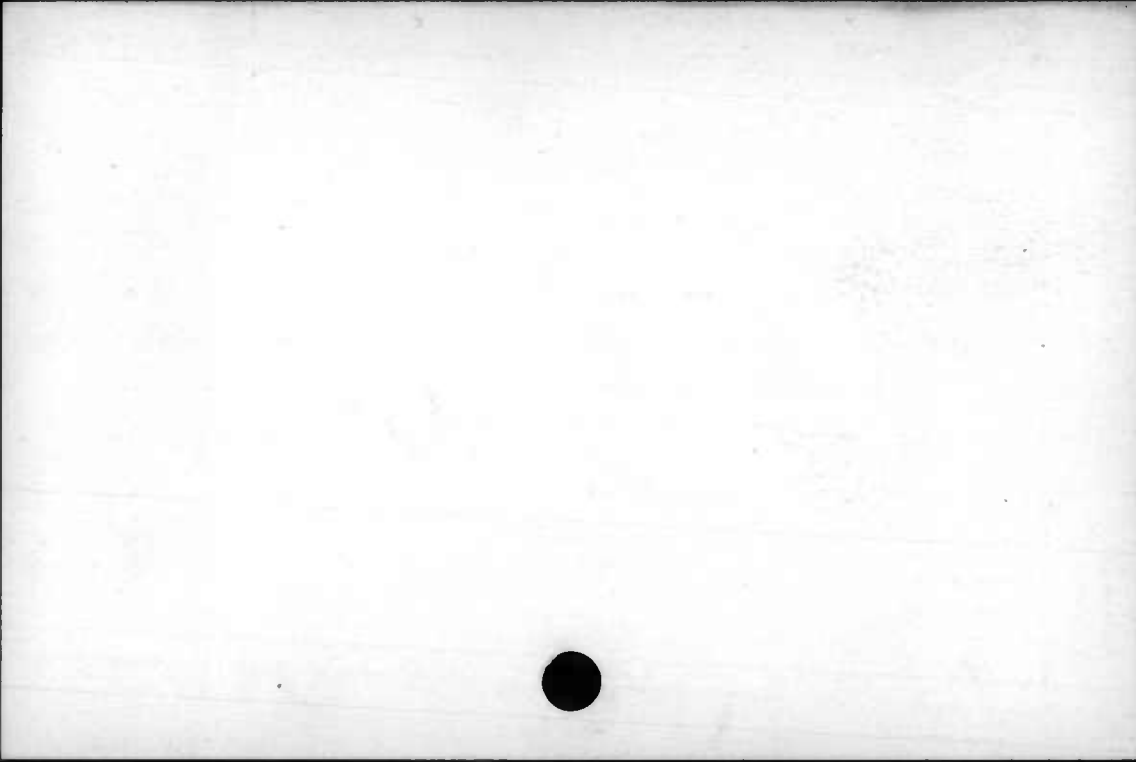
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>8</i>	Day <i>15</i>	Age <i>88</i>	Years <i>4</i>	Months <i>7</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>H. W.</i>	Where Residing if not at place of death <i>Frederick Md</i>						
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>Frederick Stummel</i>						
Father's Name <i>X</i>	Father's Birthplace <i>X</i>						
Mother's Maiden Name <i>X</i>	Mother's Birthplace <i>X</i>						
Name of person giving information <i>Susan Gannoy</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Sarcosis</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>5 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. T. Long</i>
	Address <i>37 E. 6th St</i>
	<i>Frederick Md</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

Emory C. Stone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Frederick* *Frederick* County

MARYLAND

Date of death 1906 Month 8 Day 21 Age 25 Years Months 0 Days 27

Sex Male Color or Race White Birth-place Frederick Co. Md.

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Geo. C. Stone Father's Birthplace Frederick Co. Md.

Mother's Maiden Name Ellen N. Fraley Mother's Birthplace " " "

Name of person giving information Geo. C. Stone How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Epileptic seizures How long from youth

Immediate Ethereal Epileptic attack How long chronic

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician Frank Heidrich
Address Frederick

Accident or Suicide?

Interment at Mt Zion.

" Aug 23 - 05.

Thos R Rice. F.D.

Name
in
Full

CERTIFICATE OF DEATH

Daisy C. Stottemyer
Town Frederick County

MARYLAND

Died at

Date

1905

Month

Aug

Day

9th

Age

Years

22

Months

4

Days

25

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

H. Wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Josephus Stottemyer

Father's
Name

Andrew Morgan

Father's
Birthplace

Md

Mother's
Maiden Name

Laura Rouch

Mother's
Birthplace

Md

Name of person giving
Information

J. Stottemyer

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Septicemia

How long

2 weeks

Immediate

Pentameter, Nitrolic Pyruvate

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

Yes

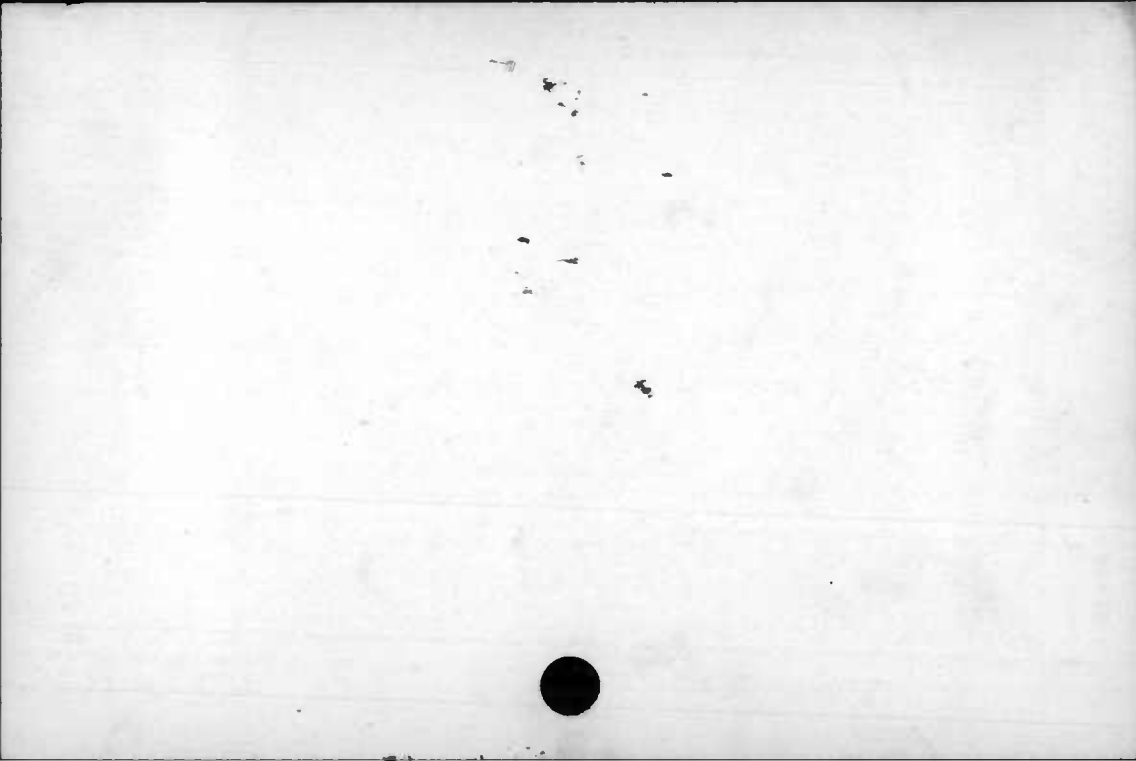
Signature of
Physician

Address

Frank Hedges
Frederick

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Marguerite Hedges Stottmeyer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near New Midway*

Town

Ford,

County

Date of death *1905 Aug*

Month

Day

130

Age

Years

Months

6 wks

Days

Sex *Female*Color or
Race*White*Birth-
place*Ford City*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Josephus Stottmeyer.*Father's
BirthplaceMother's
Maiden Name*Daisy Morgan.*Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Excessively hot & little feeding.

How long

Immediate

cholera Infantum

How long

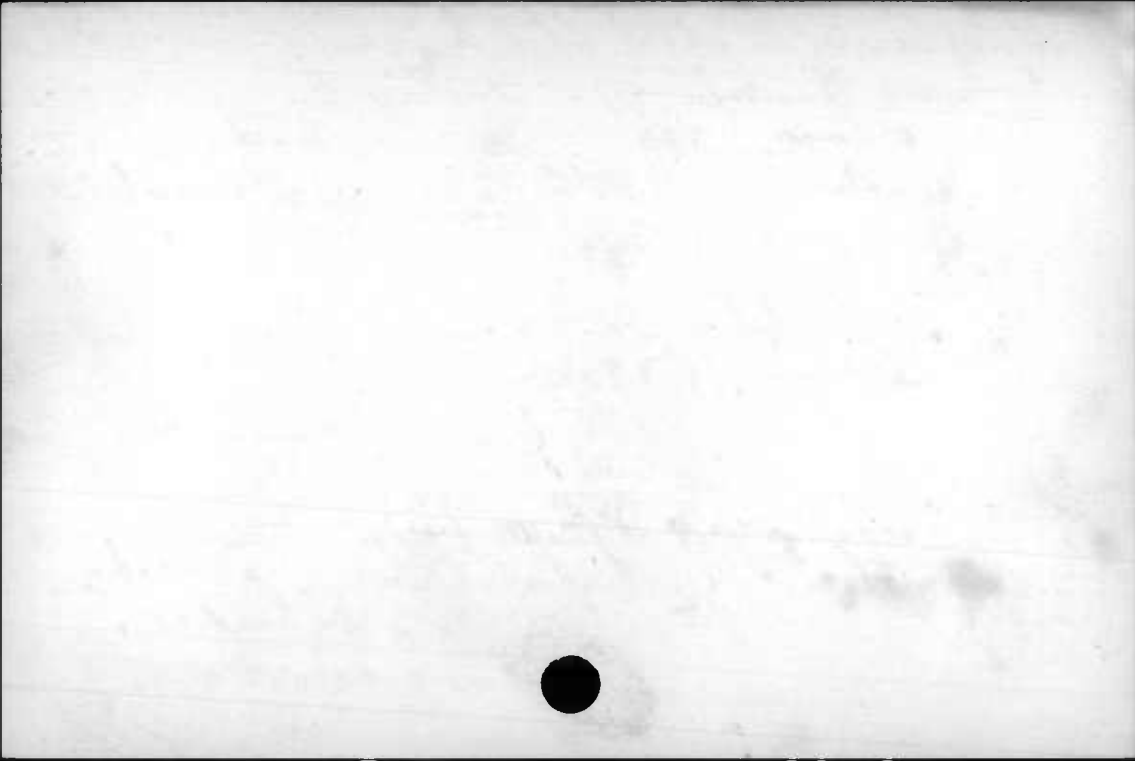
*2 weeks.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. H. Kable,*

Address

Woodboro,

Accident or Suicide?

*_____**Ind.*PHYSICIAN
OR CORONER



Name
in
Full

Annie Brown Tanneyhill

CERTIFICATE OF DEATH

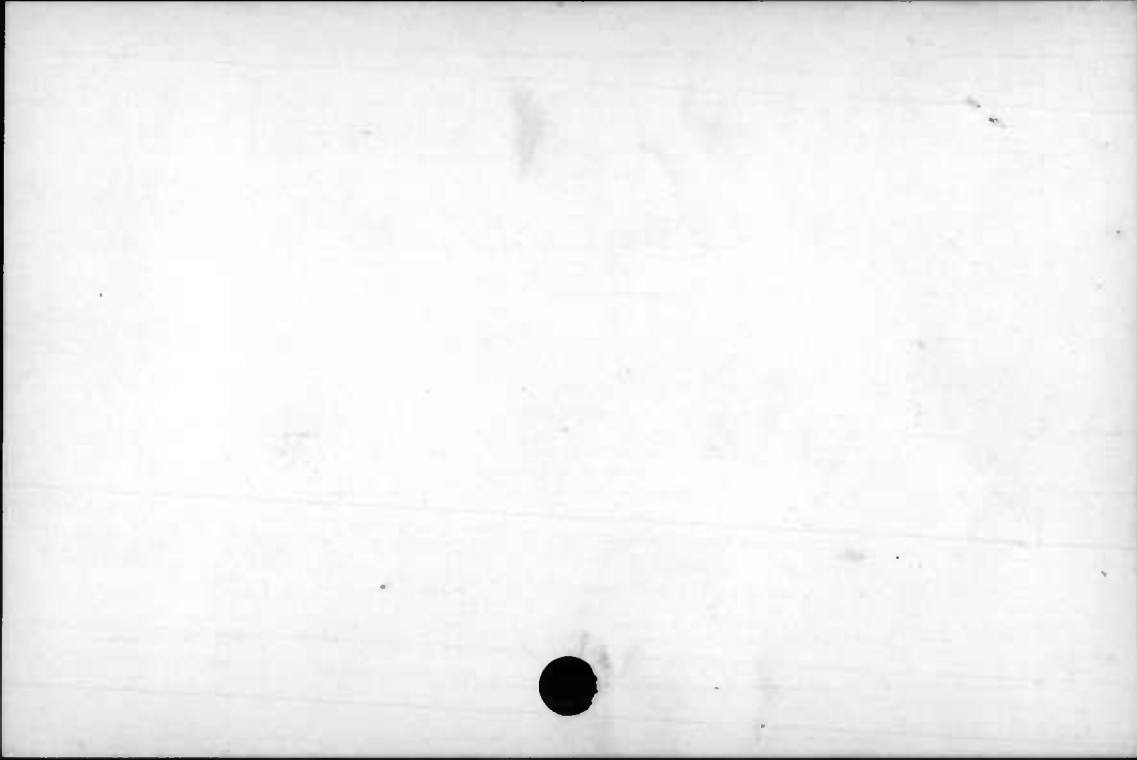
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1905	Month Aug.	Day 27	Age 68	Years	Months Days
Sex Female		Color or Race Colored		Birth-place Md			
Occupation Housekeeper		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Arion Tanneyhill					
Father's Name Ephriam Francis		Father's Birthplace Md					
Mother's Name Elyia Francis		Mother's Birthplace Md					
Name of person giving information Arion Tanneyhill		How related to deceased Husband					

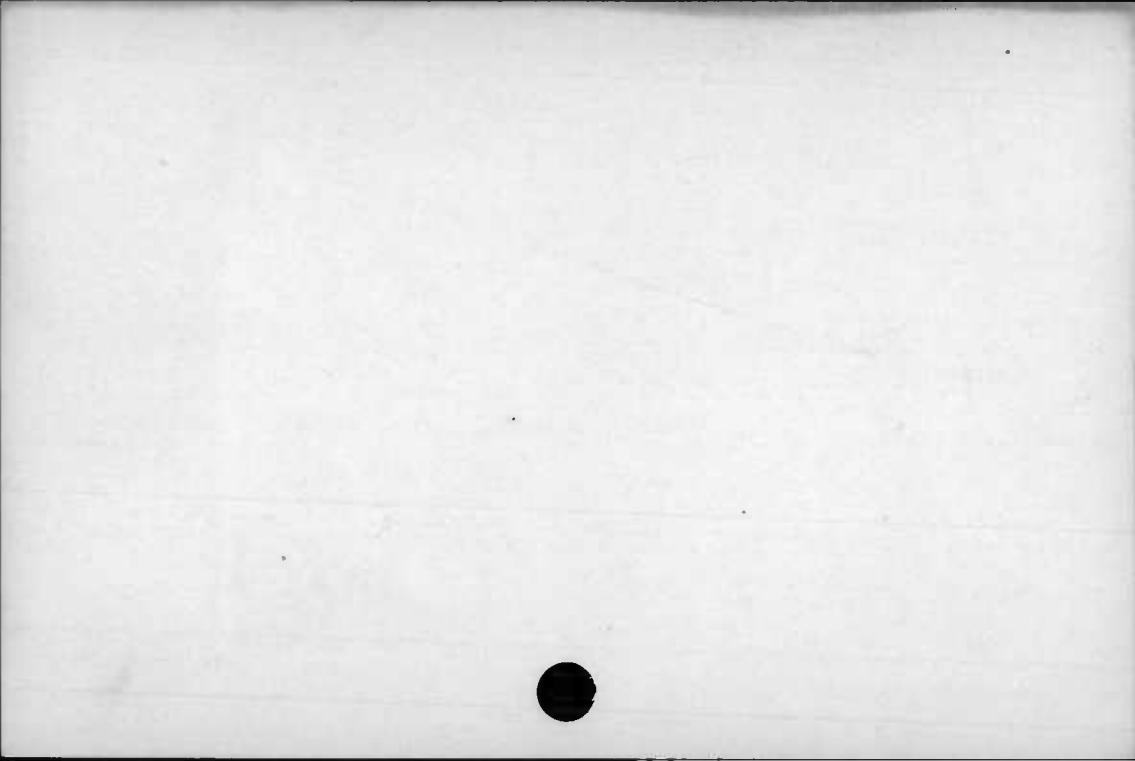
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Apoplexy	How long 1 day
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		U. F. Bourne
Address		Frederick, Md.
Accident or Suicide?		



Name in Full		John E. Unkefer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died near ^{Town} Ladiesburg		^{County} Frederick		MARYLAND			
	Date of death	1905	Month	aug.	Day	31	Age	72
	Sex		male		Color or Race	White		
	Birthplace		Frederick Co. Md.					
	Married, Single or Widowed		Married		Occupation			
			Justice of the Peace.					
	Name of Wife or Husband		Fannie C. Unkefer					
PHYSICIAN OR CORONER	Father's Name		Abdiel Unkefer		Father's Birthplace		Frederick Co.	
	Mother's Maiden Name		Lydia R. Sappington		Mother's Birthplace		" "	
	Name of person giving information		Mrs. Fannie C. Unkefer		How related to deceased		wife	
	CAUSES OF DEATH							
	<div>106</div>							
PHYSICIAN OR CORONER	Primary		General debility from Chronic diarrhoea				How long	one month
	Immediate		Softening of the brain.				How long	5 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John L. Legget, M.D.	
					Address		Ladiesburg, Md.	
	Accident or Suicide?							



Name
in
Full

Mrs Courtnice May.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} New Brunkittsville ^{County} Indiana ^{State} MARYLAND

Date of death 1905 ^{Month} Aug. ^{Day} 20 ^{Age} 47 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Maryland.

Occupation School-mistress ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Don't know.

Father's Name Not able to say. ^{Father's Birthplace} Don't know

Mother's Maiden Name " " " " ^{Mother's Birthplace} " "

Name of person giving information Chas. Stuffer. ^{How related to deceased} —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diabetes & Acute Gastritis ☒ How long

Immediate Kidney an attack that affected ☐ How long

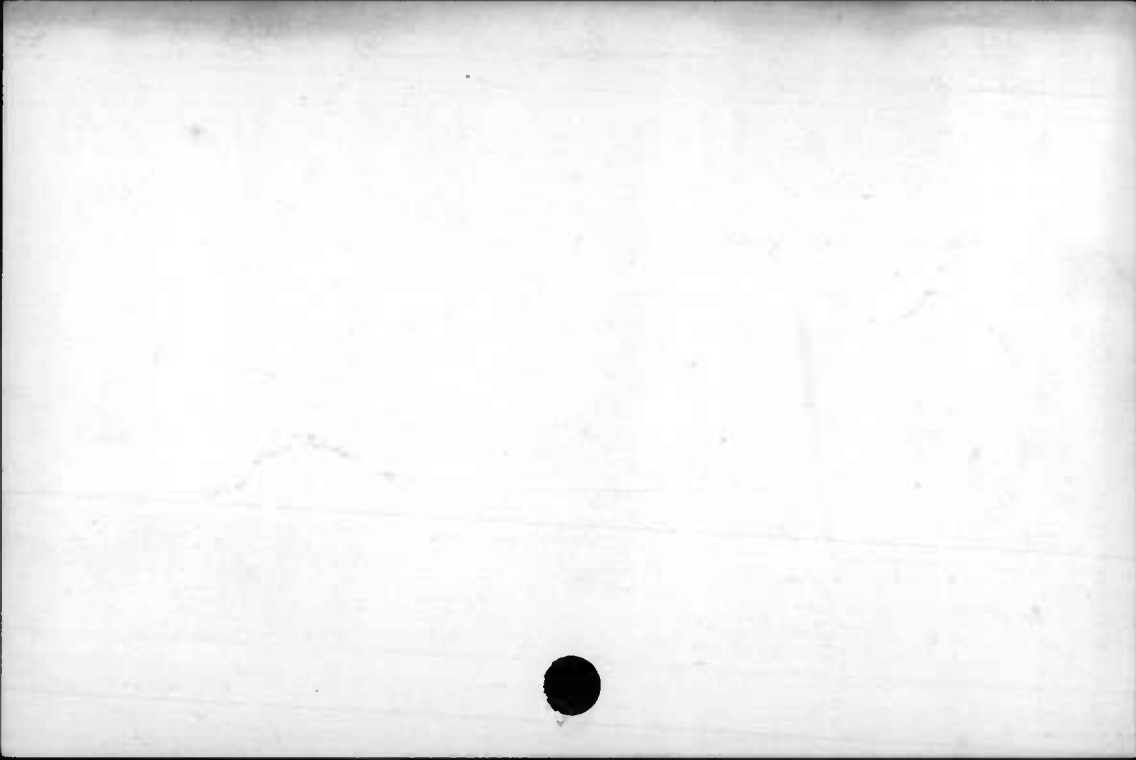
Are the name, age, sex, color, date and place correctly given above? The Pneumonia never

induced paralysis of the ^{Signature of Physician} C. W. Schultze. ^{Address} Brunkittsville, Md.

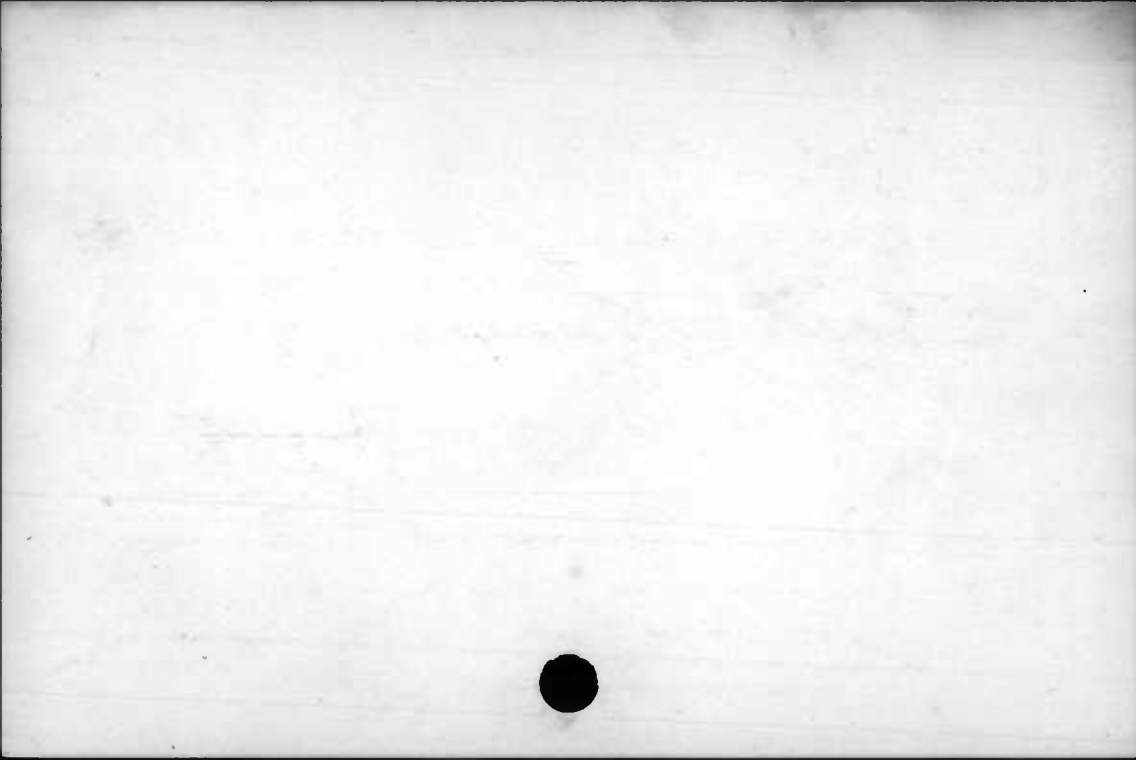
Accident or Suicide? Induced death.



Name in Full		Mary Ann M. Whipp				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Church Hill</i>		County <i>Fredrick</i>		MARYLAND	
		Date of death <i>1905</i>	Month <i>8</i>	Day <i>24</i>	Age <i>76</i>	Months <i>8</i>	Days <i>—</i>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
		Occupation <i>H.W.</i>	Where Residing if not at place of death				
		Married, Single or Widowed	Name of Wife or Husband <i>Sammie Whipp</i>				
PHYSICIAN OR CORONER		Father's Name <i>Michael Thomas</i>			Father's Birthplace <i>Md</i>		
		Mother's Maiden Name <i>Eva Thomas</i>			Mother's Birthplace <i>Md</i>		
		Name of person giving information <i>Richard Whipp</i>			How related to deceased <i>Son</i>		
		CAUSES OF DEATH					
		Primary <i>Senile Debility</i>			How long <i>2 years</i>		
Immediate <i>Exhaustion</i>			How long <i>1 week</i>				
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Chas. F. Gooden md</i>				
			Address <i>Fredrick, Md</i>				
Accident or Suicide? <i>no</i>							



Name in Full Barbara A. Whisner		CERTIFICATE OF DEATH			
Town Fredricks		County Fredck		MARYLAND	
Died at Fredricks					
Date of death 1905	Month 8	Day 24	Age 84	Months 9	Days 21
Sex Female	Color or Race White	Birth-place Germany			
Occupation House Wife		Where Residing if not at place of death Same			
Married, Single or Widowed Widow	Name of Wife or Husband George Whisner				
Father's Name John Gresser	Father's Birthplace Germany				
Mother's Maiden Name Neubauer	Mother's Birthplace "				
Name of person giving information Philip J. Whisner		How related to deceased Son			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary General Senility	How long 14			
	Immediate Apoplexy	How long			
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R. S. Lyson		
			Address Fredricks Md.		
	Accident or Suicide?				



Name
in
Full

Ivan Reginald Miles

CERTIFICATE OF DEATH

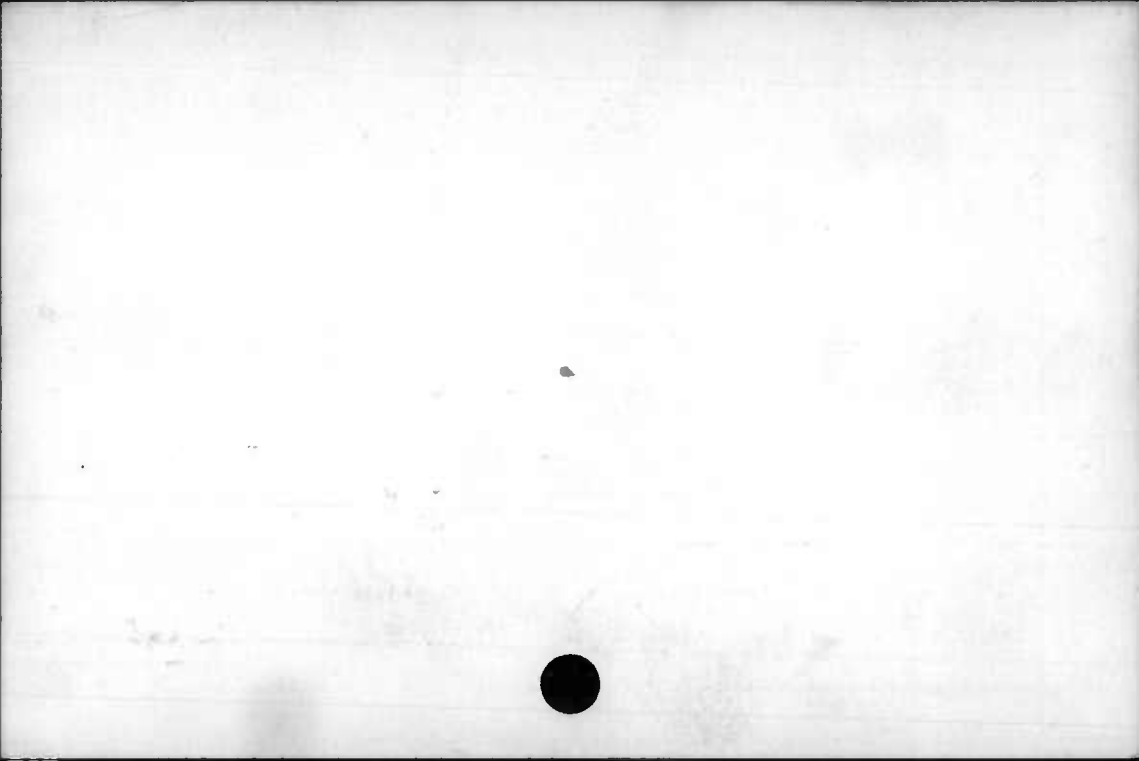
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harmony</i>		Town <i>Harmony</i>		County <i>Fredenick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug.</i>	Day <i>25</i>	Age <i>1</i>	Years <i>1</i>	Months <i>5</i>	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harmony</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>—</i>	Name of Wife or Husband						
Father's Name <i>Martin Luther P. Miles</i>	Father's Birthplace <i>Fredenick Co. Md.</i>						
Mother's Maiden Name <i>Jessie Fannin Gladhill</i>	Mother's Birthplace <i>Fredenick Co. Md.</i>						
Name of person giving Information <i>M. L. P. Miles</i>	How related to deceased <i>Father</i>						

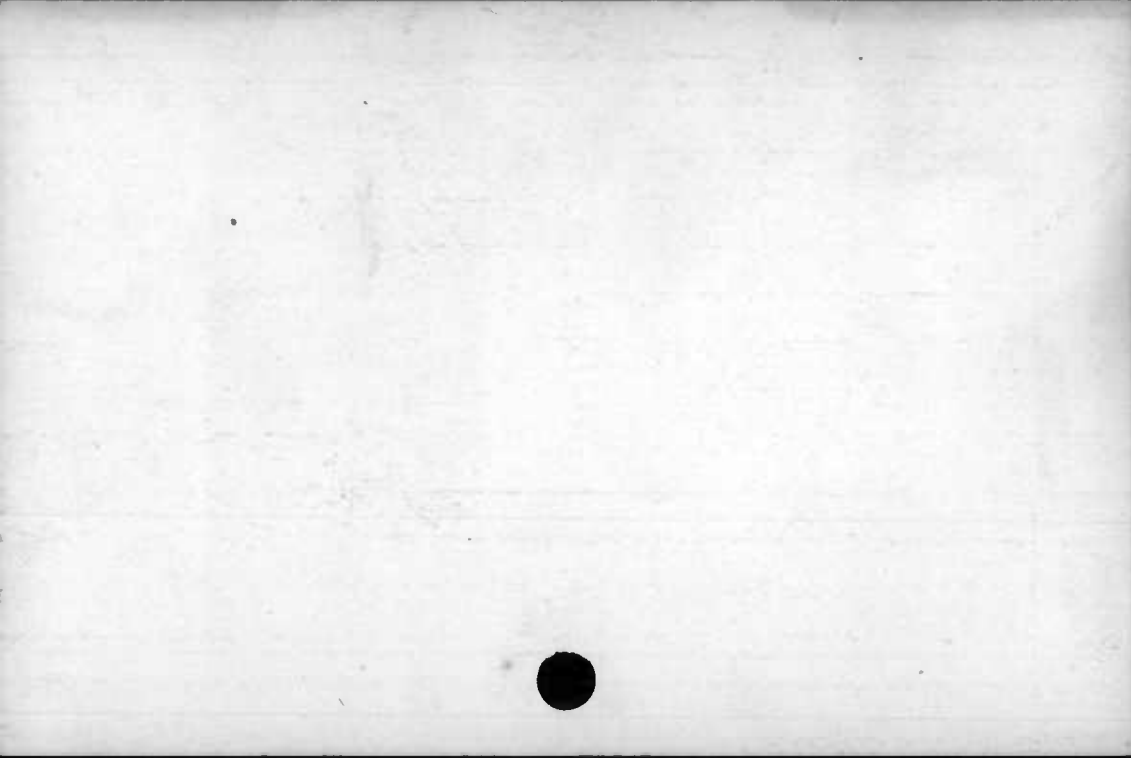
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>6 mo.</i>
Immediate <i>Dysentery</i>	How long <i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. L. Brown</i>
	Address <i>Myersville</i>
Accident or Suicide? <i>—</i>	<i>Mary land</i>



Name in Full Susan Roberts Miles		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Levinstown Md ^{Town}		Fredrick ^{County}
	MARYLAND		
	Date of death 1905 Aug. 17th	Age —	Months 8 Days 26
	Sex Female	Color or Race White	Birth-place Levinstown Md.
	Occupation None	Where Residing if not at place of death —	
	Married, Single or Widowed Single	Name of Wife or Husband —	
	Father's Name Bradley Miles	Father's Birthplace Md.	
Mother's Maiden Name Virgie Messell	Mother's Birthplace Md.		
Name of person giving information	How related to deceased		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Meningitis	(6) ✓	How long 24 hours
	Immediate Shock		How long 7 hours
	Are the name, age, sex, color, date and place correctly given above? They are.	Signature of Physician A. E. Miller	Address Fredrick Md.
Accident or Suicide? —			



Gene Wilson

Town

County

Died at

Summitbury Frederick

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Aug - 19

Age

20-7-13

U.S.

Telephone operator

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Lawrence Wilson

Mother's

Maiden Name

Lucinda Spallig

Cause of

Primary

Consumption

How long sick

7 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

D E Stone M.D.

Address

Summitbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

